

0470

OLIN CORPORATION DALLAS, TEXAS TXD980879886
RC NT VOL 01

478A.TXD980879886 0001
OLIN CORPORATION DALLAS, TEXAS
DALLAS, TX 75228



000000034970 HZ/RC/NT

478A.TXD980879886 0001

1 8 8 6

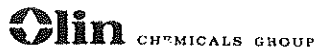
0471

DATA CHANGES

EPA IDENTIFICATION NUMBER/C101-12												TWC #/C116-6				PREPARER				DATE			
1 8 D 9 8 0 8 7 9 8 5 6																				3/1/82			
Facility Name/C104-40																							
Mailing Address/C106-30																							
City/C107-25												ST/C108-2				County/C114-3							
Facility Contact Person/C105-30												Zip/C109-5				Ownership Code/C102							
Location Address/C110-30												ST Dist/C115-2				Zip/C113-5							
City/C111-25												ST/C12-2				Zip/C113-5							
Owner's Name/C1503-40																							
GEN TRN ISO UIC C1105 C105 Other												Telephone/C113-10											
Waste Codes to be added/C2701												Waste Codes to be deleted/C2701											
Process Codes- Add - Delete - Change																							
C1801-3 C1802-13												C1803-1 C1804-1											
C1801-3 C1802-13												C1803-1 C1804-1											
C1801-3 C1802-13												C1803-1 C1804-1											
Other Coding as necessary																							

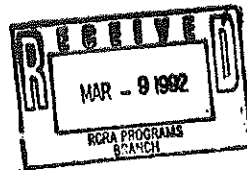
Entered by: _____ Date Entered: _____ QC: _____ File Code: _____

0472



DOE RUN PLANT, P.O. BOX 547, BRANDENBURG, KENTUCKY 40108-0547

February 26, 1992



USEPA, Region VI
1445 Ross Avenue
Code: 6H-HI
Dallas, TX 75202-2733

Gentlemen:

RE: OLIN URETHANE DALLAS TERMINAL
EPA I.D. NO. TXD980879886

The United States Environmental Protection Agency, Region VI is hereby notified that the Olin Dallas Terminal at 12023 Corporate Drive, Dallas, TX ceased operation on January 31, 1992. Olin Corporation will no longer operate a terminal at this location, and the EPA I.D. No. TXD980879886 should be placed on "deactive status".

Should further information be required regarding this matter, please contact H. C. Brantley of Environmental Affairs Services at (318) 491-3412.

Sincerely,

C. K. Johnson
C. K. Johnson *mk*
Production Manager

CKJ/ce

0473



ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

TXD 98 087 9886

INSTALLATION ADDRESS

OLIN CORPORATION DALLAS TERMINAL
12023 CORPORATE DRIVE
DALLAS, TX 75228

12023 CORPORATE DRIVE
DALLAS, TX 75228

0474

Please print or type with ELITE type (12 characters/inch) in the unshaded areas only.

Form Approved OMB No. 1585-0016
GSA No. 0245 EPA-07

EPA U.S. ENVIRONMENTAL PROTECTION AGENCY		NOTIFICATION OF HAZARDOUS WASTE ACTIVITY	
I. INSTALLATION'S EPA I.D. NO. II. NAME OF INSTALLATION III. INSTALLATION MAILING ADDRESS IV. LOCATION OF INSTALLATION		PLEASE PLACE LABEL IN THIS SPACE	
INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).			
FOR OFFICIAL USE ONLY			
COMMENTS			
C. INSTALLATION'S EPA I.D. NO. APPROVED DATE RECEIVED TX 01980871886 11-13-88			
I. NAME OF INSTALLATION			
OLIN CORPORATION DALLAS TERMINAL			
II. INSTALLATION MAILING ADDRESS			
STREET OR P.O. BOX			
2023 Corporate Drive			
CITY OR TOWN			
DALLAS			
ST. ZIP CODE			
TX 75228			
III. LOCATION OF INSTALLATION			
STREET OR ROUTE NUMBER			
2023 CORPORATE DRIVE			
CITY OR TOWN			
DALLAS			
ST. ZIP CODE			
TX 75228			
IV. INSTALLATION CONTACT			
NAME AND TITLE (last, first, & job title)			
NIEDERMEYER CARL TERM MGR			
PHONE NO. (area code & no.)			
214 270 4775			
V. OWNERSHIP			
A. NAME OF INSTALLATION'S LEGAL OWNER			
OLIN CORPORATION			
VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))			
<input type="checkbox"/> A. GENERATION <input type="checkbox"/> B. TRANSPORTATION (complete item VII) <input type="checkbox"/> C. TREAT/STORE/DISPOSE <input type="checkbox"/> D. non-regulated, see reverse side <input type="checkbox"/> E. UNDERGROUND INJECTION			
VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))			
<input type="checkbox"/> A. AIR <input type="checkbox"/> B. RAIL <input type="checkbox"/> C. HIGHWAY <input type="checkbox"/> D. WATER <input type="checkbox"/> E. OTHER (specify):			
VIII. FIRST OR SUBSEQUENT NOTIFICATION			
Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA I.D. Number in the space provided below.			
<input checked="" type="checkbox"/> A. FIRST NOTIFICATION <input type="checkbox"/> B. SUBSEQUENT NOTIFICATION (complete item C)			
IX. DESCRIPTION OF HAZARDOUS WASTES			
Please go to the reverse of this form and provide the requested information. EPA Form 3700-10-80			

RECEIVED
 DALLAS
 11-13-88
 Code-113

0475

- ☐ non-handler
☐ small quantity generator
☐ exempt
☐ beneficial use
☐ closed

I.D. - FOR OFFICIAL USE ONLY									
1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	20

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
7	8	9	10	11	12

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
----	----	----	----	----	----

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

- ☐ 1. IGNITABLE (D001)
 ☐ 2. CORROSIVE (D002)
 ☒ 3. REACTIVE (D003)
 ☐ 4. TOXIC (D004)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and I am aware of those individuals immediately responsible for obtaining the information. I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE <i>Fred Brooks</i>	NAME & OFFICIAL TITLE (Type or print) Fred Brooks, Plant Manager	DATE SIGNED 10/16/84
---------------------------------	---	-------------------------

0476

October 16, 1984

U. S. Environmental Protection Agency
First International Building
1201 Elm Street
Dallas, TX 75270

Gentlemen:

The Olin Corporation has recently opened a urethane foam distribution terminal in the Dallas, Texas area.

Enclosed you will find the completed registration form which is necessary in the event a waste is generated at this location. As noted in the form this facility is not expected to generate more than a few hundred pounds of materials in any one month and will therefore qualify as a small quantity generator.

If you have any questions regarding this notification and application for an identification number please call Mr. David Booth of our Environmental Affairs Department at (318) 491-3157.

Very truly yours,

Fred Brooks
Fred Brooks
Plant Manager

FB/

Enclosure

cc: V. M. Norwood - Stamford
D. R. Booth - Lake Charles



06 0000 1292

478A.TXR000021345 0001
CREATIONS AT DALLAS
DALLAS, TX 75228



\$000210315 HZ/RC/NT

0206 0000 1293



ACKNOWLEDGEMENT OF NOTIFICATION
OF REGULATED WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA ID. NUMBER

TXR000021345

05/05/97

INSTALLATION ADDRESS

CREATIONS AT DALLAS
12750 PERIMETER DR STE 120
DALLAS, TX 75228
CARLOS RUIZ PURCHASING MGR

12750 PERIMETER DR STE 120
DALLAS, TX 75228

EPA Form 8700-12A (6-90)

0206 0000 1294

New Facility

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved GSA No. 3450-008 Expires 9-30-95

Please refer to the instructions for filling out this form before completing it. The information requested here is required by law (Section 3018 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

28 1997

GW 4-28-97

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☒ A. First Notification☐ B. Subsequent Notification
(Complete Item C)

C. Installation's EPA ID Number

TXR000021345

II. Name of Installation (Include company and specific site name)

CREATIONS AT DALLAS

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

12750 PERIMETER DR, STE #120

Street (Continued)

City or Town

DALLAS

State

Zip Code

TX

75228-

County Code

County Name

DALLAS

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

12750 PERIMETER DR, STE #120

City or Town

DALLAS

State

Zip Code

TX

75228-

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

RUIZ

(First)

CARLOS

Job Title

PURCHASING MGR

Phone Number (Area Code and Number)

972-686-7836

VI. Installation Contact Address (See Instructions)

A. Contact Address

Location Mailing Other

☒ SAME

B. Street or P.O. Box

City or Town

SAME

State

Zip Code

TX

75228-

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

MICHAEL FASANO

Street, P.O. Box, or Route Number

12750 PERIMETER, STE #120

City or Town

DALLAS

State

Zip Code

TX

75228-

Phone Number (Area Code and Number)

972-686-7836

B. Land Type

P

C. Owner Type

P

D. Change of Ownership

No

Yes

Month

Day

Year

Not "Crystal Clean South" gw 4/28/97

was changed
OIC 3/14/97

0206 0000 1295

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved, OMB No. 2050-0028 Expires 5-31-92
GSA No. 0246-EPA-OT

ID: For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to Instructions)

A. Hazardous Waste Activity

1. Generator (See Instructions)
☒ a. Greater than 1000 kg/mo (2,200 lbs.)
☐ b. 100 to 1000 kg/mo (200-2,200 lbs.)
☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
☐ a. For own waste only
☐ b. For commercial purposes
- Mode of Transportation
☐ 1. Air
☐ 2. Rail
☐ 3. Highway
☐ 4. Water
☐ 5. Other - specify _____
3. Treater, Stor., Disposer (at Installation) Note: A permit is required for this activity; see Instructions.
☐ a. Generator Marking to Burner
☐ b. Other Marketers
☐ c. Boiler and/or Industrial Furnace
☐ 1. Smelter Refractor
☐ 2. Small Quantity Exemption
☐ Indicate Type of Combustion Device(s)
☐ 1. Utility Boiler
☐ 2. Industrial Boiler
☐ 3. Industrial Furnace
☐ 5. Underground Injection Control

B. Used Oil Recycling Activities

1. Used Oil Fuel Marketer
☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
☐ b. Marketer Who First Causes the Used Oil Meets the Specifications
2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)
☐ a. Utility Boiler
☐ b. Industrial Boiler
☐ c. Industrial Furnace
3. Used Oil Transporter - Indicate Type(s) of Activity(ies)
☐ a. Transporter
☐ b. Transfer Facility
4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
☐ a. Process
☐ b. Re-refine

IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☒ 2. Corrosive (D002) ☐ 3. Reactive (D003) ☐ 4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See Instructions if you need to list more than 12 waste codes.)

1 D001	2 F003	3 F005	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See Instructions.)

1	2	3	4	5	6
---	---	---	---	---	---

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

CARLOS R. RUIZ

Name and Official Title (Type or print)

CARLOS R. RUIZ PURCH. MGR

Date Signed

4.9.97

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for address.)



**ACKNOWLEDGEMENT OF NOTIFICATION
OF REGULATED WASTE ACTIVITY
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

+ TXD000729111

09/18/97

INSTALLATION ADDRESS

US INK A DIV OF SUN CHEMICAL
12002 CORPORATE DRIVE
DALLAS TX 75228
TOM SMITH PLANT MANAGER

12002 CORPORATE DRIVE
DALLAS TX 75228

Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

(For Official Use Only)

SEP - 8 1997

2W 9-11-97

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐

A. First Notification

☒
B. Subsequent Notification
(Complete item C)

C. Installation's EPA ID Number

T X D 0 0 0 7 2 9 1 1 1

II. Name of Installation (include company and specific site name)

U S I N K A D I V O F S U N C H E M I C A L

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

1 2 0 0 2 C O R P O R A T E D R I V E

Street (Continued)

City or Town

D A L L A S

State

Zip Code

T X

7 5 2 2 8 -

County Code

County Name

D A L L A S

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

S A M E 1 2 0 0 2 C O R P O R A T E D R

City or Town

D A L L A S

State

Zip Code

T X

7 5 2 2 8 -

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

(First)

S M I T H

T O M

Job Title

Phone Number (Area Code and Number)

P L A N T M A N A G E R

9 7 2 - 2 7 0 - 6 7 3 5

VI. Installation Contact Address (See Instructions)

A. Contact Address

Location Mailing Other

☒

B. Street or P.O. Box

City or Town

State

Zip Code

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

S U N C H E M I C A L C O R P O R A T I O N

Street, P.O. Box, or Route Number

2 2 2 B R I D G E P L A Z A S O U T H

City or Town

State

Zip Code

F O R T L E E

N J

0 7 0 2 4 - 5 7 9 8

Phone Number (Area Code and Number)

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Data Changed)

2 0 1 - 2 2 4 - 4 6 0 0

P

P

Yes

X

No

Month

Day

Year

0 1 0 1 9 3

Hand signed 9/17/97

[illegible]

A. Hazardous Waste Activity	B. Used Oil Recycling Activities
<input type="checkbox"/> 1. Generator (See Instructions) <input type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.) <input checked="" type="checkbox"/> b. 100 to 1000 kg/mo (200-2,200 lbs.) <input type="checkbox"/> c. Less than 100 kg/mo (220 lbs.) <input type="checkbox"/> 2. Transporter (Indicate Mode in boxes 1-5 below) <input type="checkbox"/> a. For own waste only <input type="checkbox"/> b. For commercial purposes <input type="checkbox"/> Mode of Transportation: <input type="checkbox"/> 1. Air <input type="checkbox"/> 2. Rail <input type="checkbox"/> 3. Highway <input type="checkbox"/> 4. Water <input type="checkbox"/> 5. Other - specify _____ <input type="checkbox"/> 3. Treater, Storer, Disposer (at Installation) Note: A permit is required for this activity; see instructions. <input type="checkbox"/> 4. Hazardous Waste Fuel <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketers <input type="checkbox"/> c. Boiler and/or Industrial Furnace <input type="checkbox"/> 1. Smelter/Deferral <input type="checkbox"/> 2. Small Quantity Exemption <input type="checkbox"/> Indicate Type of Combustion Device(s) <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace <input type="checkbox"/> 5. Underground Injection Control	<input type="checkbox"/> 1. Used Oil Fuel Marketer <input type="checkbox"/> a. Marketer Directs Shipment of Used Oil to Off-Specification Burner <input type="checkbox"/> b. Marketer Who First Claims the Used Oil Meets the Specifications <input type="checkbox"/> 2. Used Oil Burner - Indicate Type(s) of Combustion Device(s) <input type="checkbox"/> a. Utility Boiler <input type="checkbox"/> b. Industrial Boiler <input type="checkbox"/> c. Industrial Furnace <input type="checkbox"/> 3. Used Oil Transporter - Indicate Type(s) of Activity(ies) <input type="checkbox"/> a. Transporter <input type="checkbox"/> b. Transfer Facility <input type="checkbox"/> 4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies) <input type="checkbox"/> a. Process <input type="checkbox"/> b. Re-refine


A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic	(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))
X				

1	2	3	4	5	6
7	8	9	10	11	12

1	2	3	4	5	6

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature 	Name and Official Title (Type or print) TOM SMITH, PLANT MANAGER	Date Signed 6/28/97
--	---	------------------------

1. The first step in the process of the investigation is the identification of the problem. This is done by the investigator who is responsible for the investigation. The investigator must identify the problem and the scope of the investigation. This is done by the investigator who is responsible for the investigation. The investigator must identify the problem and the scope of the investigation.

Part A, Permit Process --- Internal Checklist

ID Number TXD000729111

Inst Name U.S. Printing Ink Corporation

PHASE ONE

Refer to Form No:	Interim Regulatory Requirements	Indicate by your initials:		Valid Prmlg Date?
		Yes	No	
1	T/S/D Facility? (If No, return to respondent.)	<u>MM</u>	___	___
3	Form 1 received?	<u>MM</u>	___	___
1	Form 3 received?	<u>MM</u>	___	___
1 & 3	Postmarked on or before November 19, 1980?	<u>MM</u>	___	___
3	Date of operation entered?	<u>MM</u>	___	___
3	Date of operation on or before November 19, 1980?	<u>MM</u>	___	___
Notif. record	Notifier?	<u>MM</u>	___	___
"	Notified on or before August 18, 1980?	<u>MM</u>	___	___
1	Form 1, XIII B signed?	<u>MM</u>	___	___
3	Form 3, IX B Signed?	<u>MM</u>	___	___

(If all ten items above are initialed in the Yes column, generate Interim Status Acknowledgement and indicate the trigger date here: _____)

PHASE TWO

- | | | | |
|-------|--|-----|-----------|
| 1 | Unsure if regulated or non-regulated? | ___ | <u>GT</u> |
| 3 | New facility? | ___ | <u>GT</u> |
| 1 & 3 | Core items missing? If Yes, indicate which items:
Facility name___; location___; mail address___; operator info___;
certification___; process info___; waste info___; owner___; sigs___. | | |

PHASE THREE

- 1 & 3 Non-core items missing? If Yes, indicate which items:
Maps___; photos___; drawings___; lat/long___.
- Other observations and comments:

Log out/Log in
on reverse side.

Received Date Stamp
<u>80/11/18</u>
(Stamp forms also)

OUT

IDENTIFICATION OF RECORD (NUMBER, TITLE AND/OR SUBJECT, DATE OF FILE OR DOCUMENT)	CHARGED TO (PERSON & OFFICE)	DATE CHARGED OUT
A 008	Key Punch	5-22-81

OPTIONAL FORM 23
FEB 1962
GSA Circular No. 259

CHARGEOUT RECORD

5023-101

GPO 643-10-80979-1 358-299

DATE CHARGED OUT	CHARGED TO (PERSON & OFFICE)	IDENTIFICATION OF RECORD (NUMBER, TITLE AND/OR SUBJECT, DATE OF FILE OR DOCUMENT)

OUT

FOR
3
RCRA



HAZ

ENVIRONMENTAL PROTECTION AGENCY
WASTE PERMIT APPLICATION
Consolidated Permit Program

(This information is required under section 3005 of RCRA.)

Form 7-84 OMB No. 158-S80004

I. EPA I.D. NUMBER

FTXDD000729111

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)
22	24

COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

☐ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

☐ 2. NEW FACILITY (Complete item below.)

YR.	MO.	DAY
73	74	75

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

YR.	MO.	DAY
73	74	75

FOR NEW FACILITY, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

B. REVISED APPLICATION (place an "X" below and complete Item I above)

☒ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:		
CONTAINER (barrel, drum, etc.)	501	GALLONS OR LITERS
TANK	502	GALLONS OR LITERS
WASTE PILE	503	CUBIC YARDS OR CUBIC METERS
SURFACE IMPOUNDMENT	504	GALLONS OR LITERS
Disposal:		
INJECTION WELL	D79	GALLONS OR LITERS
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER
LAND APPLICATION	D81	ACRES OR HECTARES
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Treatment:		
TANK	T01	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY

UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	H
GALLONS PER DAY	U	LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

C		DUP		T/A C		1			
LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)				1. AMOUNT	2. UNIT OF MEASURE (enter code)	
X-1	S 0 2	600	G		5				
X-2	T 0 3	20	E		6				
1					7				
2					8				
3					9				
4					10				

III. PROCESSES (continued)C. SPACE FOR ADDITIONAL PROCESSES
INCLUDE DESIGN CAPACITY.

IS CODES OR FOR DESCRIBED

OTHER PROCESSES

3 (code "T04"); FOR EACH PROCESS ENTERED HERE

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE **CODE**
POUNDS P
TONS T

METRIC UNIT OF MEASURE **CODE**
KILOGRAMS K
METRIC TONS M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.

2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.

3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

IV. DESCRIPTION OF HAZARDOUS WASTE

E. USE THIS SPACE TO LIST ADDITIONAL PR.

SS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)

TXD000729111 6

FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

II. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

LONGITUDE (degrees, minutes, & seconds)

III. FACILITY OWNER
☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

☐ B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

R.J.M. CHEMICALS, INC.

change to

212-687-2757

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

99 Park Avenue

New York

N Y

10016

OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

Robert J. Milano

Robert J. Milano

11/9/82

OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

Herbert L. Edelman

Herbert L. Edelman

10/24/82

12. NUMBER (enter from page 1)

TXD000729111

1

W

DUP

2

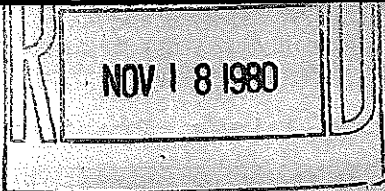
DUP

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES											
				1. PROCESS CODES (enter)						2. PROCESS DESCRIPTION (if a code is not entered in D(1))					
1															
2															
3															
4															
5															
6															
7															
8															
9															
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FORM 1 GENERAL		ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program <i>(Read the "General Instructions" before starting.)</i>	I. EPA I.D. NUMBER <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;">5</td> <td style="width:15%;">TXDB00729111</td> <td style="width:5%;">T/A</td> <td style="width:5%;">C</td> </tr> <tr> <td>6</td> <td></td> <td>3</td> <td>D</td> </tr> <tr> <td>7</td> <td></td> <td>13</td> <td>14</td> </tr> <tr> <td>8</td> <td></td> <td>15</td> <td>16</td> </tr> </table>	5	TXDB00729111	T/A	C	6		3	D	7		13	14	8		15	16																																					
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7		13	14																																																					
8		15	16																																																					
II. POLLUTANT CHARACTERISTICS <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms. </div> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th rowspan="2" style="width:40%;">SPECIFIC QUESTIONS</th> <th colspan="3" style="text-align: center;">MARK 'X'</th> <th rowspan="2" style="width:40%;">SPECIFIC QUESTIONS</th> <th colspan="3" style="text-align: center;">MARK 'X'</th> </tr> <tr> <th style="width:10%;">YES</th> <th style="width:10%;">NO</th> <th style="width:10%;">FORM ATTACHED</th> <th style="width:10%;">YES</th> <th style="width:10%;">NO</th> <th style="width:10%;">FORM ATTACHED</th> </tr> </thead> <tbody> <tr> <td>A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)</td> <td></td> <td style="text-align: center;">X</td> <td></td> <td>B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)</td> <td></td> <td style="text-align: center;">X</td> <td></td> </tr> <tr> <td>C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)</td> <td></td> <td style="text-align: center;">X</td> <td></td> <td>D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)</td> <td></td> <td style="text-align: center;">X</td> <td></td> </tr> <tr> <td>E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)</td> <td style="text-align: center;">X</td> <td></td> <td style="text-align: center;">X</td> <td>F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)</td> <td></td> <td style="text-align: center;">X</td> <td></td> </tr> <tr> <td>G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)</td> <td></td> <td style="text-align: center;">X</td> <td></td> <td>H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)</td> <td></td> <td style="text-align: center;">X</td> <td></td> </tr> <tr> <td>I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)</td> <td></td> <td style="text-align: center;">X</td> <td></td> <td>J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)</td> <td></td> <td style="text-align: center;">X</td> <td></td> </tr> </tbody> </table>		SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'			YES	NO	FORM ATTACHED	YES	NO	FORM ATTACHED	A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. 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Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.
SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'																																																			
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED																																																	
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III. NAME OF FACILITY 1 SKIP U. S. PRINTING INK CORPORATION											
IV. FACILITY CONTACT <table style="width:100%;"> <tr> <td style="width:60%;">A. NAME & TITLE (last, first, & title)</td> <td style="width:40%;">B. PHONE (area code & no.)</td> </tr> <tr> <td>2 STAUCH, ROBERT REGIONAL MANAGER</td> <td>214 270 6735</td> </tr> </table>				A. NAME & TITLE (last, first, & title)	B. PHONE (area code & no.)	2 STAUCH, ROBERT REGIONAL MANAGER	214 270 6735				
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V. FACILITY MAILING ADDRESS <table style="width:100%;"> <tr> <td style="width:60%;">A. STREET OR P.O. BOX</td> <td style="width:40%;">B. CITY OR TOWN</td> </tr> <tr> <td>3 12002 CORPORATE DRIVE</td> <td>4 DALLAS</td> </tr> </table>				A. STREET OR P.O. BOX	B. CITY OR TOWN	3 12002 CORPORATE DRIVE	4 DALLAS				
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3 12002 CORPORATE DRIVE	4 DALLAS										
VI. FACILITY LOCATION <table style="width:100%;"> <tr> <td style="width:60%;">A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER</td> <td style="width:40%;">B. COUNTY NAME</td> </tr> <tr> <td>5 12002 CORPORATE DRIVE</td> <td>DALLAS</td> </tr> </table>				A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER	B. COUNTY NAME	5 12002 CORPORATE DRIVE	DALLAS				
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<table style="width:100%;"> <tr> <td style="width:40%;">C. CITY OR TOWN</td> <td style="width:10%;">D. STATE</td> <td style="width:10%;">E. ZIP CODE</td> <td style="width:40%;">F. COUNTY CODE (if known)</td> </tr> <tr> <td>6 DALLAS</td> <td>TX</td> <td>75228</td> <td></td> </tr> </table>				C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)	6 DALLAS	TX	75228	
C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)								
6 DALLAS	TX	75228									



II. SIC CODES (4-digit, in order of priority)

A. FIRST				B. SECOND			
2	8	9	3	(specify)	PRINTING INKS	7	(specify)
C. THIRD				D. FOURTH			
(specify)				(specify)			

III. OPERATOR INFORMATION

A. NAME												B. Is the name listed in Item VIII-A also the owner?			
U. S. PRINTING INK CORPORATION												<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)										D. PHONE (area code & no.)					
F = FEDERAL		M = PUBLIC (other than federal or state)		P = PRIVATE		O = OTHER (specify)		P		201		933		7100	
343 MURRAY HILL PARKWAY															
F. CITY OR TOWN										G. STATE		H. ZIP CODE		IX. INDIAN LAND	
EAST RUTHERFORD										NJ		07073		Is the facility located on Indian lands?	
														<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

C. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)										D. PSD (Air Emissions from Proposed Sources)									
NA										NA									
B. UIC (Underground Injection of Fluids)										E. OTHER (specify)									
NA										NA									
C. RCRA (Hazardous Wastes)										E. OTHER (specify)									
NA										NA									

(I. MAP)

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

F9: A/50

II. NATURE OF BUSINESS (provide a brief description)

This facility manufactures printing inks, primarily for the newspaper industry.

F9: A/51

III. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)		B. SIGNATURE		C. DATE SIGNED	
Irving Gaines, President				11/12/80.	

COMMENTS FOR OFFICIAL USE ONLY

--	--	--	--	--	--	--	--	--	--	--	--

Please print or type in the unshaded areas only.
(fill-in areas are spaced for elite type, i.e., 12 characters/inch).

Form Approved OMB No. 158-S80004

366



HAZARDOUS WASTE PERMIT APPLICATION

Consolidated Permits Program

(This information is required under Section 3005 of RCRA.)

I. EPA I.D. NUMBER

TXD000729111	31
--------------	----

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS
A	801118	

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

☒ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

YR.	MO.	DAY
8	75	01

☐ 2. NEW FACILITY (Complete item below.)

YR.	MO.	DAY

B. REVISED APPLICATION (place an "X" below and complete Item I above)

☐ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS
TANK	S02	GALLONS OR LITERS
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS

Disposal:		
INJECTION WELL	D79	GALLONS OR LITERS
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER
LAND APPLICATION	D81	ACRES OR HECTARES
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS

Treatment:

TANK	T01	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
	T04	GALLONS PER DAY OR LITERS PER DAY

OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)

UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G
LITERS	L
CUBIC YARDS	Y
CUBIC METERS	C
GALLONS PER DAY	U

UNIT OF MEASURE	UNIT OF MEASURE CODE
LITERS PER DAY	V
TONS PER HOUR	D
METRIC TONS PER HOUR	W
GALLONS PER HOUR	E
LITERS PER HOUR	H

UNIT OF MEASURE	UNIT OF MEASURE CODE
ACRE-FEET	A
HECTARE-METER	F
ACRES	B
HECTARES	Q

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

LINE NUMBER	A. PROCESS CODE (from list above)	1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	1. AMOUNT	2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY
X-1	S02	200	G		5				
X-2	S02	400	G		6				
1	S01	5,000.000	G		7				
2					8				
3					9				
4					10				

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

1. **EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

2. **ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

3. **UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE CODE
POUNDS P
TONS T

METRIC UNIT OF MEASURE CODE
KILOGRAMS K
METRIC TONS M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

1. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. **PROCESS DESCRIPTION:** If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.

2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.

3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO. (enter code)	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	100	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

Continued from page 2.

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY													
W TXD000729111													W DUP													
31													2 DUP													
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																										
LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES																						
				1. PROCESS CODES (enter)																						
				2. PROCESS DESCRIPTION (if a code is not entered in D(1))																						
20-22				27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49
1	K086	2.500	T	S	O	1																				
2	D005	5.000	T	S	O	1																				
A03	D008	3.500	T	S	O	1																				
A03	D007			S	O	1																				included with above
5																										
6																										
7																										
8																										
9																										
10																										
11																										
12																										
13																										
14																										
15																										
16																										
17																										
18																										
19																										
20																										
21																										
22																										
23																										
24																										
25																										
26																										

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)														
S											T/A	C		
F	T	X	D	0	0	0	7	2	9	1	1	1	3	6

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

FG. 55

All existing facilities must include photographs (*aerial or ground-level*) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (*see instructions for more detail*). F6

orage, $F6: \frac{A}{50}$

LATITUDE (degrees, minutes, & seconds)

3	2	5	1	2	9	0
68	66	67	68	69	70	71

LONGITUDE (degrees, minutes, & seconds)

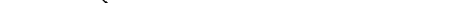
0	9	6	3	9	37	0	
72	-	74	75	76	77	-	79

☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER															2. PHONE NO. (area code & no.)																
MILLMASTER ONYX GROUP KEWANEE IND., INC.															212			687			2757										
3. STREET OR P.O. BOX															4. CITY OR TOWN										5. ST.			6. ZIP CODE			
99 Park Avenue															New York										N Y			10016			

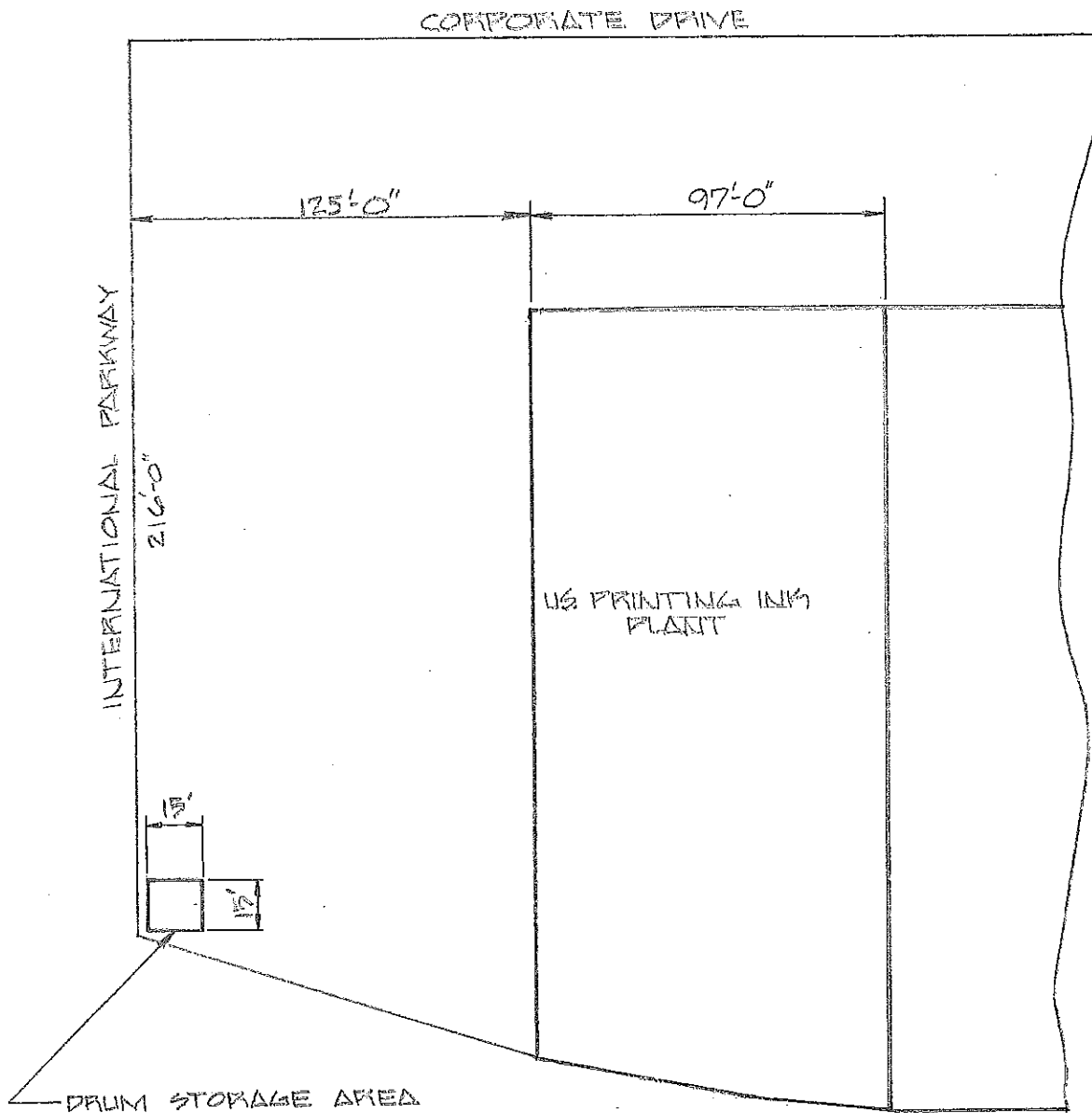
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

<p>A. NAME (print or type) Irving Gaines</p>	<p>B. SIGNATURE </p>	<p>C. DATE SIGNED 11/12/80</p>
--	--	------------------------------------

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

<p>A. NAME (print or type) Robert Stauch</p>	<p>B. SIGNATURE </p>	<p>C. DATE SIGNED 11/12/80</p>
--	--	------------------------------------

V. FACILITY DRAWING (see page 4)



PLOT PLAN
UNITED STATES PRINTING INK COMPANY
DALLAS, TEXAS
SCALE: 1" = 50'-0"



ATTACHMENT E
NEARBY WATER RESOURCES

NOTE: There are no intake/discharge structures, injection wells, monitoring wells, or ground water wells within one mile of site.

NORTH

SCALE 1:24000

1000 0 FEET

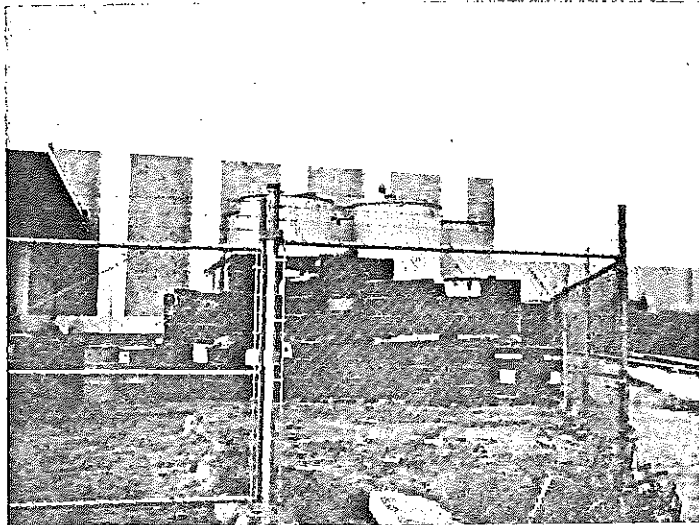


WHITE ROCK LAKE QUADRANGLE
TEXAS-DALLAS CO.
7.5 MINUTE SERIES (TOPOGRAPHIC)
1/4W GARLAND 15 QUADRANGLE
UNITED STATES PRINTING INK CO.
DALLAS, TEXAS
EPA I.D. #TXD000729111

96-30-31

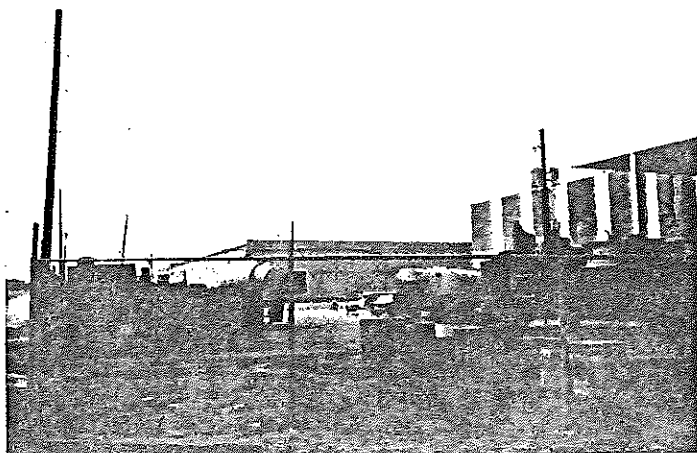
96-30-31

96-30-31



UNITED STATES PRINTING INK
EPA I.D. #TXD000729111

ATTACHMENT "F"





CONTINUE ON REVERSE

I.D. - FOR OFFICIAL USE ONLY									
8	9	10	11	12	13	14	15	16	17
W	T	X	D	0	0	0	7	2	9
1	2	3	4	5	6	7	8	9	10

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE
(D001)


☐ 2. CORROSIVE
(D002)

☒ 3. REACTIVE
(D003)

☒ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE 	NAME & OFFICIAL TITLE (type or print) Lawrence J. Lepore Technical Director	DATE SIGNED 8/13/80
---	---	------------------------



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION VI

1201 ELM STREET

DALLAS, TEXAS 75270

July 13, 1981

United States Printing Ink Corp
Attn: Robert Stauch
12002 Corporate Drive
Dallas, Texas 75228

EPA ID NUMBER: TXD 00 072 9111

FACILITY LOCATION: 12002 Corporate Drive
Dallas Texas

This is to acknowledge that the Environmental Protection Agency has completed processing the information submitted in your Part A Hazardous Waste Permit Application. It is the Agency's opinion, based on the assumption that the information submitted is complete and accurate, you as an owner or operator of a hazardous waste management facility have met the requirements of Section 3005(e) of the Resource Conservation and Recovery Act (RCRA) for Interim Status. EPA has not verified the information submitted. If it is determined that the information is incomplete or inaccurate, you may be asked to provide additional information or in certain circumstances it may be determined that you do not qualify for interim status. In addition, this notice does not preclude a citizen from taking legal action under the provisions of Section 7002 of RCRA.

A facility not meeting the requirements for interim status under Section 3005 of RCRA may be required to close until such time as a hazardous waste permit is issued. Interim status may also be terminated, according to procedures in 40 CFR Part 124, if the owner or operator fails to furnish additional information which EPA requests in order to process a permit application.

As an owner or operator of a hazardous waste management facility, you are required to comply with the interim status standards as prescribed in 40 CFR Parts 122 and 265 or with State rules and regulations in those States which have been authorized under Section 3006 of RCRA. In addition, you are reminded that operating under interim status does not relieve you from the need to comply with all applicable State and local requirements.

The enclosure to this letter identifies the processes your facility may use, their design capacities and the types of waste your facility may accept during interim status. This information was obtained from the Part A Permit Application. If you wish to handle new wastes, change processes, increase the design capacity of existing processes, or change ownership or operational control of the facility, you may do so only as provided in 40 CFR Sections 122.22 and 122.23.

If you have any questions concerning this letter, please contact Dwight Corley at (214) 767-2765, or write Mail Code 6E-P, 1201 Elm Street, Dallas, Texas 75270.

Sincerely,

A handwritten signature in dark ink, appearing to read "Diana Dutton".

Diana Dutton, Director
Enforcement Division (6E)

cc: Texas Department of Water Resources

CONDITIONS OF OPERATION DURING
INTERIM STATUS

Date prepared: July 13, 1981

The information shown below is based solely on the information that the owner and operator of this facility submitted in Part A of the Hazardous Waste Permit Application. This is not a determination by EPA that this facility is an environmentally acceptable facility for treating, storing or disposing of the hazardous wastes listed below.

I. Facility name, location and EPA identification number:

Name: United States Printing Ink Corp.

Location: 12002 Corporate Drive

Dallas TX

EPA ID No: TXD 00 072 9111

II. EPA considers the following to be the owner or operator of the facility and therefore the person(s) who must comply with the requirements set forth in 40 CFR Parts 122 and 265:

Owner's name: Millmaster Onyx Group Kewanee Industries Inc.

Operator's name: U.S. Printing Ink Corporation

III. During the period of interim status, the facility may use only the following processes for treating, storing or disposing of hazardous waste, up to the design capacities that are indicated:

<u>Process Code</u>	<u>Design Capacity Amount</u>	<u>Unit of Measure</u>
<u>S01</u>	<u>5,000.</u>	<u>Gallons</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

IV. During the period of interim status, the facility may handle only the hazardous wastes with the following EPA Hazardous Waste Numbers, and/or solid wastes exhibiting hazardous characteristics with the following EPA Hazardous Waste Numbers:

K086 D005 . D008 D007



U.S. ENVIRONMENTAL PROTECTION AGENCY
GENERAL INFORMATION
Consolidated Permit Program
(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER

F TXD000729111

GENERAL INSTRUCTIONS.

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, correct through it and enter the correct data in the appropriate fill-in area below. Also, if any the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II. POLLUTANT CHARACTERISTICS

I. EPA I.D. NUMBER
III. FACILITY NAME
V. FACILITY MAILING ADDRESS
VI. FACILITY LOCATION

PLEASE PLACE LABEL IN THIS SPACE

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		X	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY

1 SKIP U.S. PRINTING INK CO.

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)
2 STAUCH, ROBERT REGIONAL MANAGER
B. PHONE (area code & no.)
214 270 6735

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX
3 1002 CORPORATE DRIVE
B. CITY OR TOWN
4 DALLAS
C. STATE
TX
D. ZIP CODE
75228

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER
5
B. COUNTY NAME
DALLAS
C. CITY OR TOWN
D. STATE
TX
E. ZIP CODE
75228
F. COUNTY CODE (if known)

VII. SIC CODES (4-digit, in order of priority)

A. FIRST				B. SECOND			
7	2	8	9	7			
(specify) PRINTING INKS				(specify)			
C. THIRD				D. FOURTH			
7				7			
(specify)				(specify)			

VIII. OPERATOR INFORMATION

A. NAME										B. Is the name listed Item VIII-A also owner?	
8 U.S. PRINTING INK CO.										<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)											
F - FEDERAL		M - PUBLIC (other than federal or state)		P - PRIVATE		O - OTHER (specify)		D. PHONE (area code & no.)			
						P					
E. STREET OR P.O. BOX											
343 MURRAY HILL PARKWAY											
F. CITY OR TOWN						G. STATE		H. ZIP CODE		IX. INDIAN LAND	
EAST RUTHERFORD,						NJ		07073		Is the facility located on Indian lands?	
										<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)				D. PSD (Air Emissions from Proposed Sources)			
9	N			9	P		
B. UIC (Underground Injection of Fluids)				E. OTHER (specify)			
9	U			(specify)			
C. RCRA (Hazardous Wastes)				F. OTHER (specify)			
9	R			(specify)			

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

This facility manufactures printing inks primarily for the newspaper industry.

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)		B. SIGNATURE		C. DATE SIGNED	
Robert J. Milano, Chairman		<i>Robert J. Milano</i>		11/9/82	

COMMENTS FOR OFFICIAL USE ONLY

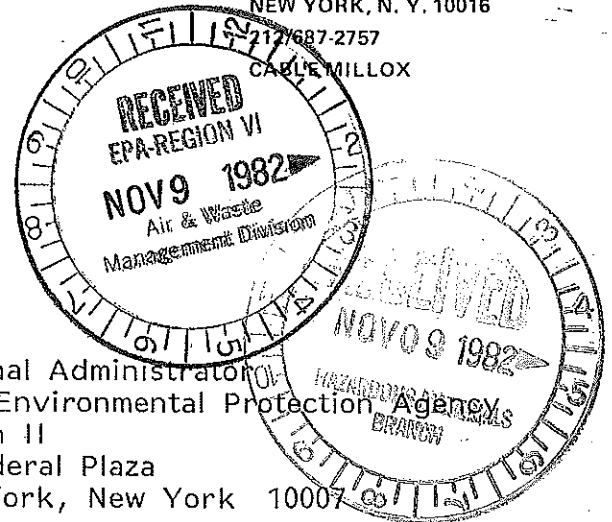
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millmaster onyx group

99 PARK AVENUE
NEW YORK, N. Y. 10016
212/687-2757
CABLE MILLOX

November 1, 1982



Regional Administrator
U.S. Environmental Protection Agency
Region I
John F. Kennedy Building
Boston, Massachusetts 02203

Regional Administrator
U.S. Environmental Protection Agency
Region II
26 Federal Plaza
New York, New York 10007

Regional Administrator
U.S. Environmental Protection Agency
Region III
6th & Walnut Streets
Philadelphia, Pennsylvania 19106

Regional Administrator
U.S. Environmental Protection Agency
Region IV
345 Courtland Street, N.E.
Atlanta, Georgia 30365

Regional Administrator
U.S. Environmental Protection Agency
Region V
230 South Dearborn Street
Chicago, Illinois 60604

Regional Administrator
U.S. Environmental Protection Agency
Region VI
First International Building
1201 Elm Street
Dallas, Texas 75270

Regional Administrator
U.S. Environmental Protection Agency
Region IX
215 Freemont Street
San Francisco, California 94105

Department of Natural Resources
Environmental Protection Division
Land Protection Branch
270 Washington Street, S.W.
Atlanta, Georgia 30334

Re: Notification of Change in Ownership of Interim Status Facilities

Dear Regional Administrators:

Kewanee Industries, Inc. ("Kewanee"), a wholly-owned subsidiary of Gulf Oil Corporation ("Gulf") has signed a contract with RJM Chemicals, Inc. for the sale of certain assets including the 13 RCRA hazardous waste management facilities listed below. It is anticipated that closing for this sale will occur on December 1, 1982. It is Kewanee's understanding that RJM Chemicals, Inc. will request that interim status for these 13 RCRA facilities be transferred to it pursuant to 40 C.F.R. Section 122.23(c)(4).

If closing occurs on December 1 as expected, RJM Chemicals will not have sufficient time to submit a revised RCRA Part A application 90 days prior to such closing. Therefore, it is requested that EPA waive the 90 day requirement of 40 C.F.R. Section 122.23(c)(4).

kewanee INDUSTRIES, INC.

U.S. Environmental Protection Agency
November 1, 1982
Page 2

On July 1, 1982, Gulf, pursuant to 40 C.F.R. Part 265, Subpart H, forwarded to each EPA Region identified herein certain financial assurance documents for closure and post-closure care. Those financial documents contained a corporate guarantee issued by Gulf for the benefit of the Kewanee RCRA facilities identified below. Gulf hereby notifies EPA that it is cancelling this guarantee as of the closing of the sale; or if Gulf cannot lawfully cancel this guarantee as of closing, as soon thereafter as is legally permissible. It is Gulf's understanding that RJM Chemicals will provide an alternative means of satisfying the financial assurance requirements for closure and post-closure care.

Kewanee also requests that upon closing, EPA modify all other documents, records, and information in its files to reflect this change in ownership.

Kewanee's RCRA facilities which are subject to this sale include the following:

Region 1

Mantrose Haeuser Company
Kewanee Industries, Inc.
P. O. Box 149
Robert St. and Olive
Attleboro, MA 02703

EPA # MAD000189167

Region 11

Copygraphics Company
Kewanee Industries, Inc.
134 Clinton Road
Fairfield, NJ 07006

EPA # NJD094970878

Lyndal Chemicals
Kewanee Industries, Inc.
624 Schuyler Avenue
Lyndhurst, NJ 07071

EPA # NJD0003144682

Colonial Printing Ink Company
Kewanee Industries, Inc.
180 East Union Avenue
East Rutherford, NJ 07073

EPA # NJD095171930

U.S. Printing Ink Company
Kewanee Industries, Inc.
343 Murray Hill Parkway
East Rutherford, NJ 07073

EPA # NJD095171948

Onyx Chemical Company
Kewanee Industries, Inc.
190 Warren Street
Jersey City, NJ 07302

EPA # NJD000314674

REGION III

U.S. Printing Inks
Kewanee Industries, Inc.
7942 Angus Court
Springfield, VA 22153

EPA # VAD038792966

REGION IV

Lyndal Chemicals
Kewanee Industries, Inc.
1000 Coronet Drive
P. O. Box 1740
Dalton, GA 30720

U.S. Printing Inks
Kewanee Industries, Inc.
5220 Shawland Road
Jacksonville, FL

EPA # FLD095564316

Colonial Printing Ink Company
Kewanee Industries, Inc.
470 Great Southwest Parkway
Atlanta, GA 30336

EPA # GAD094066859

EPA # GA0000142893

REGION V

Onyx Chemical Company
Kewanee Industries, Inc.
P. O. Box 114
4001 Seeley Avenue
Blue Island, IL 60406

Colonial Printing Ink Company
Kewanee Industries, Inc.
22 Plaza Drive
Westmont, IL 60559

EPA # ILD085343887

EPA # ILD000665448

U.S. Printing Inks
Kewanee Industries, Inc.
600 Redna Terrace
Cincinnati, OH 45215

EPA # OHD990800930

REGION VI

U.S. Printing Inks
Kewanee Industries, Inc.
Corporate Drive
Dallas, TX 75228

*United States Printing
Ink Corp.
1000 2 Corporate Dr.
G TSD*

EPA # TXD000729111

REGION IX

U.S. Printing Inks
Kewanee Industries, Inc.
14465 Griffith Street
San Leandro, CA 94577

Colonial Printing Ink Company
Kewanee Industries, Inc.
13930 Borate Street
Santa Fe Springs, CA 90670

EPA # CAD000646364

EPA # CAD096418314

U.S. Printing Inks
Kewanee Industries, Inc.
13710 Borate Street
Santa Fe Springs, CA 90670

EPA # CAD083822346

Very truly yours,



For KEWANEE INDUSTRIES, INC.



For GULF OIL CORPORATION

cc: The Commonwealth of Massachusetts
Executive Office of Environmental Affairs
Department of Environmental Quality Engineering
Division of Hazardous Waste
1 Winter Street
Boston, Massachusetts 02108

Commonwealth of Virginia
State Board of Health
906 Madison Building
109 Governor Street
Richmond, Virginia 23219

New Jersey State Department of Environmental Protection
Solid Waste Administration
P. O. Box 1390
Trenton, New Jersey 08625

Ohio Environmental Protection Agency
Office of Land Pollution Control
P. O. Box 1049
Columbus, Ohio 43216

State of Florida
Department of Environmental Regulation
Solid Waste Management Program
Twin Towers Office Building
2600 Blair Stone Road
Tallahassee, Florida 32301

Illinois Environmental Protection Agency
Division of Land/Noise Pollution Control
2200 Churchill Road
Springfield, Illinois 62706

California Department of Health Services
Hazardous Waste Management Section
714 P Street
Sacramento, California 95814

Texas Department of Water Resources
Solid Waste Section
P.O. Box 13087
Capitol Station
Austin, Texas 78711



Hanken Rob

RECEIVED
EPA REGION VI
MAY 18 PM 3:38
HAZARDOUS WASTE MGMT. DIV.

United States Printing Ink Corporation

343 Murray Hill Parkway, E. Rutherford, N.J. 07070-1201 • 933-7100 • 212-563-1221

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

May 12, 1988

Texas Water Commission
Hazardous and Solid Waste Permits Section
P.O. Box 13087
Capitol Station
Austin, Texas 78711-3087

Re: United States Printing Ink Corp
12002 Corporate Drive
Dallas, Texas 75228
EPA No. TXD000729111
TWC Registration No. 32051

Gentlemen:

This letter is to inform the Department that we are applying to delist the above mention facility as a Treatment, Storage, and Disposal Facility (TSDF). Since our waste minimization program started in 1983, we have virtually eliminated the generation of any hazardous waste streams as defined by the Federal Resource Conservation and Recovery Act (RCRA).

Attached is a copy of our closure plan and most recent closure cost.

Please inform me if the Department needs any other information to complete this procedure.

Sincerely,
United States Printing Ink Corp.

Richard A. Goldbach
Richard A. Goldbach
Environmental Coordinator

cc: R. Stauch, USPIC
USEPA, Region VI
enc.

CLOSURE PLAN FOR UNITED STATES PRINTING INK CORPORATION

FACILITY NAME: UNITED STATES PRINTING INK, DALLAS BRANCH

EPA I.D. NO.: TXD000729111

TWC REGISTRATION NO.: 32051

UNITED STATES PRINTING INK, is a manufacturer of printing inks primarily for the newspaper industry.

Generation of any waste would come from the manufacturing of the ink products. Basically we have two types of waste generated at this facility.

I. PRINTING INK WASTE D005, D007, D008

These wastes originate from minor spills or filters used to manufacture inks, and may include some off-spec ink batches.

II. SOLVENT WASH AND SLUDGE K086

This waste is generated from cleaning portable tubs, and associated equipment required to manufacture printing inks.

The following schedule represents the steps this facility will take for closure. Since no treatment or disposal is done on-site, partial closure is not a factor.

- 0 DAY If a decision is made to cease operations of the associated manufacturing plant, this closure plan for the storage facility will be enacted.
- 1 - 6 DAY All drums of hazardous waste will be removed from the manufacturing plant, and collected in the designated hazardous waste storage area.
- 7 - 12 DAY Cleaning solutions used on building and equipment will be placed in drums and treated as hazardous unless proven otherwise.
- 13 DAY A final inventory of hazardous waste will be obtained.

- 14 - 15 DAY Arrangements will be made with authorized waste haulers and/or disposal firms for proper disposal of these materials.
- 16 - 20 DAY Pick up and disposal of manifested hazardous waste.
- 21 DAY Clean up of hazardous waste storage area after the removal of waste drums. This decontamination will be done with soap and water.
- 27 - 28 DAY Part B should have been received from disposal facility by this time. This would complete manifest paperwork.
- 29 - 30 DAY Certification that closure has complied with the approved closure plan will be submitted to the Department by United States Printing Ink Corporation.

All hazardous waste will be removed from the site within thirty (30) days after the closure of the manufacturing plant.

The following comments relate to the specific requirements of Section 265.112 (I):

Since no hazardous waste is treated or disposed of on-site, decontamination of the facility would not be required. Any waste drums will be removed by a permitted transporter and disposed of in a secure landfill which is permitted by the State and Federal EPA.

Section 265.197 - Storage of hazardous waste will be conducted in 55 gallon drums only. All drums will be disposed off-site.

Section 265.228 - No impoundments exist at this facility.

Section 265.280 - Since no hazardous waste will remain upon closure of this facility, this section does not apply.

Section 265.310 - Same as for Section 265.280.

Section 265.381 - No such equipment exists at this facility.

Section 265.404 - Same as for Section 265.197

It is estimated that the maximum number of drums of hazardous waste stored at this facility will be 70.

Of these waste drums it is estimated that the following breakdown of the waste type will prevail:

PRINTING INK WASTE.90 drums
SOLVENT WASH AND SLUDGE10 drums

Estimated Closure Cost of Facility:

The disposal cost of the hazardous waste is the same for both types of waste, estimated cost for transportation and disposal of the waste is approximately \$ 5,000.

Since no treatment or disposal is done on-site, anticipated cost for decontamination of facility is minimal. The storage area for hazardous waste would have to be cleaned down with soap and water after the waste was shipped off-site, due to the physical nature of the waste there would not be any migration (waste is a paste). Clean up equipment would consist of normal janitorial supplies and would be cleaned by our maintenance department. Estimated cost of approximately \$ 200.00.

There would be no additional cost for waste analysis, due to the fact that the waste is analyzed annually and there is no difference in the waste stream.

Internal cost for finalizing closure and closure certification fees are estimated to be approximately \$ 1,400.

State and Federal agencies which will receive the Closure Plan and Certification of closure are as follows:

State: Texas Water Commission

Federal: Region VI, Environmental Protection Agency

ESTIMATED YEAR OF CLOSURE: 2195

TRUST AGREEMENT BY AND BETWEEN MILLMASTER ONYX GROUP, INC.
AND THE FIRST JERSEY NATIONAL BANK

Plant Location, Division Name, EPA Region, Estimated Closure
and Postclosure Costs, and Identification of Corresponding
State Agencies.

Region II

Onyx Chemical Company
190 Warren Street
Jersey City, NJ 07302

EPA #NJ000314674
Closure Cost \$35,773.92
Post Closure Cost-\$0

United States Printing Ink Corporation
343 Murray Hill Parkway
East Rutherford, NJ 07073

EPA #NJ0095171948
Closure Cost \$40,020.75
Post Closure Cost-\$0

Corresponding State Agency

New Jersey State Department of
Environmental Protection
Solid Waste Administration
CN 028-401 East State Street
Trenton, NJ 08625

(Same)

Region III

United States Printing Ink Corporation
7942 Angus Court
Springfield, VA 22153

EPA #VAD038792966
Closure Cost \$6,670.13
Post Closure Cost-\$0

Commonwealth of Virginia
Department of Waste Management
11th Floor, Monroe Building
101 N. 14th Street
Richmond, VA 23219

Region V

United States Printing Ink Corporation
600 Redna Terrace
Cincinnati, OH 45215

EPA #OHD990800930
Closure Cost \$6,670.13
Post Closure Cost-\$0

State of Ohio Environmental
Protection Agency
P.O. Box 1049, 1800 Water Mark Dr.
Columbus, OH 43266-0149

Region VI

United States Printing Ink Corporation
Corporate Drive
Dallas, TX 75228

EPA #TXD00072911
Closure Cost \$6,670.13
Post Closure Cost-\$0

Texas Department of Water Resources
P.O. Box 13087
Capitol Station
Austin, TX 78711

AMENDMENT TO SCHEDULE A

(October 1987)

Region IX

United States Printing Ink
Corporation
14465 Griffith Street
San Leandro, CA 94577

EPA #CAD000646364
Closure Cost \$6,670.13
Post Closure Cost-\$0

United States Printing Ink
Corporation
13710 Borate Street
Santa Fe Springs, CA 90670

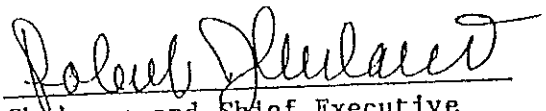
EPA #CAD083822346
Closure Cost \$6,670.13
Post Closure Cost-\$0

Corresponding State Agency

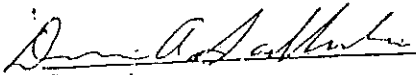
California Department of Health
Services
Hazardous Waste Management Section
714 P Street
Sacramento, CA 95814

(Same)

.....
Millmaster Onyx Group, Inc.



Chairman and Chief Executive
Officer

Attest:

 12/3/87
Secretary Date

(Seal)

The First Jersey National Bank


L. RAYMOND BENELLI
VICE PRESIDENT

Attest:

 12/23/87
Secretary Date

(Seal)

AMENDMENT TO SCHEDULE A

-2 of 2-

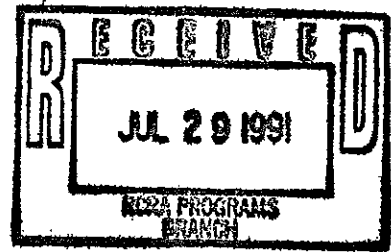
(October 1987)

RCRA RECORD CENTER

Cover Sheet

PA I.D. #	Facility Name	Where to file	Your code	Date	Signature
XP000729111	W S Printing	Permits	6H HE	10/23	DS

John Hall, Chairman
B. J. Wynne, III, Commissioner
John E. Birdwell, Commissioner



TEXAS WATER COMMISSION

PROTECTING TEXANS' HEALTH AND SAFETY BY PREVENTING AND REDUCING POLLUTION

July 25, 1991

*Part in HWDMS
10/4/91*

Lynne Prince
Grants and Authorization Section (6H-HS)
Hazardous Waste Management Division
U. S. Environmental Protection Agency
1445 Ross Avenue
Dallas, Texas 75202

RE: Texas FY 1991 RCRA Subtitle C Workplan
C305 Universe Changes to HWDMS

Dear Ms. Prince:

The Texas Water Commission (TWC) has modified the C305 Universe in the Hazardous Waste Data Management Systems (HWDMS) to reflect the following:

United States Printing
32051

TXD000729111

Has been removed from treatment/storage universe per TWC inspection.

Safety Kleen Corporation
66171

TXD980876015

Facility status changed to LQG per amendment to Notice of Registration.

Marathon Oil Company
30326

TXD008079501

Has been removed from treatment/storage universe per TWC inspection.

*✓
Closed &
Certified
11/7/90
EPA del reg
NRC del Cert*

Lynne Prince
Page Two
July 25, 1991

Bonar Packaging TXD007358666
30472
Has been removed from treatment/storage universe per TWC
inspection.

Lubrizol TXD094827169
31250
Has been removed from treatment/storage universe per TWC
inspection.

General American Transportation TXD000835207
32643
Has been removed from treatment/storage universe per TWC
inspection.

Dal-Chrome TXD042687061
65246
Facility generator status changed to CESQG per TWC inspection.

RSR Research & Development TXD000610204
33858
Has been removed from treatment/storage universe per TWC
inspection.

Comments regarding this letter should be directed to Janice Earley at
(512)463-8259.

Sincerely,



John W. Janak
Office of Budget and Planning

JE:ls

cc: Henry Onsgard, Chief, Information Management Section 6H-HI,
U.S. EPA
Susan S. Ferguson, Assistant Director, Hazardous and Solid
Waste Division
Bobby D. Whitefield, Director of Special Programs, Hazardous and
Solid Waste Division
Grace M. Montgomery, Chief, Evaluation and Assessment Section,
Hazardous and Solid Waste Division
Minor Hibbs, Chief, Permits Section, Hazardous and Solid
Waste Division
Ernest Heyer, Program Services Unit, Field Operations Division

TWC District 04

INSPECTION COVER SHEET

C.O. Use Only

029188

EPA ID No. TX000072911

COMMERCIAL WASTE FACILITY

NAME OF COMPANY U.S. Printing Ink Corporation

MAILING ADDRESS 12002 Corporate Dr., Dallas, TX 75228

Tel. (214) 270-6735

SITE LOCATION 12002 Corporate Dr., Dallas, TX 75228

Tel. (214) 270-6735

COUNTY Dallas

TYPE OF INDUSTRY Manufactures printing inks

GENERATOR CLASSIFICATION: Industrial ☒ Municipal

GOVT. FACILITY: ☐

OPERATIONAL STATUS: Active

Part A Permit Application submitted to the State?

Yes ☒ No SLB

Affidavit of Exclusion submitted to TWC?

Yes ☒ No Submitted March 28, 1989

Was a written exclusion granted by TWC?

N/A ☐ Yes ☐ No ☒ ...If yes, Date:

Will this facility require a RCRA permit?

Yes ☐ No ☒

Part B application submitted?

N/A ☒ Yes ☐ No ☐

RCRA closure required?

N/A ☒ Yes ☐ No ☐

CURRENT WASTE MANAGEMENT (Haz. - "H"; Class I NonHaz. - "NH"; Class II - "II"; Class III - "III")

Generator H, I, II Treatment Storage Disposal Transporter

HW EXEMPTIONS:

☒ CESQG: Total HW Generation per Month: <100 kg. HW & <1 kg. Acute HW
☐ SQG: Total HW Generation per Month: 100 to 1000 kg. HW & <1 kg. Acute HW
☐ 90-Day Accumulation
☐ OTHER:

H W FACILITIES (circle codes):

☒ BA ☒ C T SI WP LT LF I TT TR WDW O

N H FACILITIES (circle codes):

☒ C T SI WP LT LF I TT TR WDW O

ENFORCEMENT STATUS:

TYPE OF INSPECTION (circle):

☒ CRI BA CL CD OT FO FEE BILL REC REV

Inspector's Name and Title

Samuel Barrett

Inspection Participants

John Forsyth, Technical Manager, Tom Smith, Traffic Manager

Date(s) of Inspection

11/17/91

Signed:

Samuel Barrett

Inspector

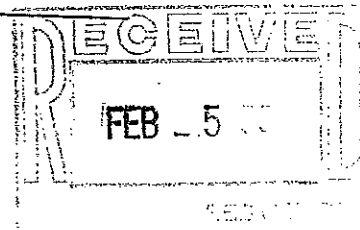
2/4/91

Date

Approved:

Don C. [Signature]

District Manager



TWC Solid Waste Inspection Report
For Non-Permitted Facilities
CONTENTS SHEET

TWC Reg. No. 32051

- X 1. Data Entry Form (CMEL)
- X 2. Inspection Cover Sheet
- X 3. Generators Checklist
- X 4. General Facilities Checklist
- NA 5. Transporters Checklist
6. Facility Component Checklists (Facility Code)
- X Satellite Accumulation Area (SA)
 - X Containers (C)
 - NA Tanks (T)
 - X Surface Impoundments (SI)
 - X Waste Piles (WP)
 - X Land Treatment (LT)
 - X Landfills (LF)
 - X Incinerators (I)
 - X Thermal Treatment (TT)
 - X Chemical, Physical or Biological Treatment (TR)
 - X Other (O): _____
- D Non-Hazardous Facilities (circle): C T SI WP LT LF I TT TR WDW
- X 7. Closure/Post-Closure Checklist
- X 8. Closure-in-Progress Checklist
- NA 9. Groundwater Monitoring Checklist Group
10. Land Disposal Restriction Checklist
- X Form A - Waste Determination
 - X Form B - TSD
 - NA Form C - Manifesting
- NA Form D - F Solvents & Dioxins
- NA Form E - California List
- NA 11. TWC Registration
- X 12. Maps, Plans, Sketches
- X 13. Photographs
- X 14. Sample Analysis Results
- D 15. Notice of Violation (NOV) Letter
- X 16. Interoffice Memorandum (IOM)
- NA 17. Other (describe): _____

NOTE: If a required Checklist is omitted, explain: _____

TWC Solid Waste Inspection Report

TWC Reg. No. 3205/GENERATORS CHECKLISTSection A - HW DETERMINATION and NOTIFICATION (TAC 335.62, .63, .6)

1. Has generator completed a hazardous waste determination for each solid waste produced?

YES ☒ NO ☐

2. Check the method used for determination:

a. Listed as a hazardous waste in 40CFR Part 261, Subpart D.

☒ b. Process or materials knowledge.

☐ c. Tested for characteristics as identified in Part 261, Subpart C.

NOTE: If a hazardous determination has not been made or appears to be incorrect and there appears to be an environmental impact, the inspector should attempt to obtain a sample of the waste for analysis.

3. Has the facility received an EPA ID number?
(N/A to CE-SQGs)

N/A ☐ YES ☒ NO ☐

4. Is notification of all waste streams generated correct?

YES ☒ NO ☐

5. Is notification of all waste management (TSD) methods correct?

YES ☒ NO ☐

6. Does facility generate, treat, store, or dispose of PCB wastes?
If yes, describe storage and disposition:

YES ☐ NO ☒

7. Does this facility generate used oils?
If yes, describe storage and disposition:

YES ☐ NO ☒

Does this facility generate spent solvents?
If yes, describe storage and disposition:

YES ☒ NO ☐

Spent solvents (non-hazardous - flashpoint > 200°F) are
stored in 55gal containers and are shipped off-site
for fuel blending

Section B - UNAUTHORIZED DISCHARGES (335.4 & Chapter 26)

Is there evidence of spills, unauthorized discharges or threats of such discharges?

YES ☐ NO ☒

(a) If yes, have they been reported and remedied?

N/A ☒ YES ☐ NO ☐

*Section C - INTERNATIONAL SHIPMENTS (335.76)

1. If generator exported hazardous wastes, was the appropriate notification made to the EPA?
2. Was the waste manifested and signed by the foreign consignee?
3. Has confirmation of waste transportation out of the country been received by the generator?

N/A ☒ YES ☐ NO ☐
N/A ☒ YES ☐ NO ☐
N/A ☒ YES ☐ NO ☐

*Section D - RECORDKEEPING and REPORTING (335.9, .13, .329, .70-71)

1. Does generator maintain the following records and reports, if applicable, for three years:
 - a. Waste shipping manifests?
 - b. Monthly off-site shipment summaries (out-of-state only)?
 - c. Quarterly on-site land disposal summaries?
 - d. Monthly waste receipt summaries (TSD facilities only)?
 - e. Company records of industrial solid waste activities? [335.9(a)(1)]
 - f. Company records of haz. waste activities for municipal HW generators of >100 kg/mo. or >1 kg/mo. acutely HW?
 - g. Analytical results of HW determinations?
 - h. Annual reports (submitted by Jan 25)?
2. Has generator submitted exception reports to TWC for any original (white) copies of manifests not received back from TSD facilities? (N/A to all CE-SQGs)

N/A ☐ YES ☒ NO ☐
N/A ☒ YES ☐ NO ☐
N/A ☒ YES ☐ NO ☐
N/A ☒ YES ☐ NO ☐
N/A ☐ YES ☒ NO ☐
N/A ☒ YES ☐ NO ☐
N/A ☒ YES ☐ NO ☐
N/A ☐ YES ☒ NO ☐

N/A ☒ YES ☐ NO ☐

*** IF GENERATOR DISPOSES OF WASTES ON-SITE ONLY, WRITE N/A IN SECTIONS E & F ***

*Section E - MANIFEST REQUIREMENTS (335.10)

1. Does generator use waste manifests when shipping Hazardous and Class I Nonhazardous wastes offsite?
2. Are Waste Manifests properly completed and signed?
3. Are off-site disposal facilities RCRA-permitted or operating under RCRA interim-status standards?

N/A ☐ YES ☒ NO ☐

N/A ☐ YES ☒ NO ☐

N/A ☐ YES ☒ NO ☐

4. Identify primary off-site disposal or recycling facilities:

Chemical Resources, Inc. / Winona, Texas

NOTE: Sections C, D, E, and F are not applicable to Municipal CE-SQGs.

ADDENDUM TO GENERATORS CHECKLIST

TWC # 32057

NOTE: This addendum page is to be used along with the current "Generators Checklist" of 05/88. Please fill out as appropriate, and attach to the "Generators Checklist" before the comments page. A complete, updated "Generators Checklist" is pending for mid-November 1990.

SECTION E -- Manifest and Land Disposal Restriction (LDR) Notifications
(335.10 & 268.7).*Facility does not generate restricted wastes*

5. Has the facility determined the appropriate treatability group (wastewater, non-wastewater, or other subcategory) for each restricted waste that is handled or generated at the point of generation (262.11(d), 268.7(a))?

N/A ☒ Yes ___ No ___

6. Does the generator mix restricted waste which have different treatment standards?

N/A ☒ Yes ___ No ___

If yes, did the generator select the most stringent treatment standards in its written notification to the off-site TSDF (268.41(b), 268.43(b))?

N/A ☒ Yes ___ No ___

7. Were restricted wastes shipped off-site to an authorized TSDF?

N/A ☒ Yes ___ No ___

If yes, continue. If no, proceed to question 10.

8. Did the generator or handler provide the following information along with each hazardous waste manifest [268.7(a)]:

a. Manifest document number?

N/A ☒ Yes ___ No ___

b. EPA waste identification code?

N/A ☒ Yes ___ No ___

c. Applicable treatment standards for each waste, an adequate reference of the standards, or 5-letter treatment code, if allowable?

N/A ☒ Yes ___ No ___

d. Waste analysis data, if available?

N/A ___ Yes ___ No ___

e. Statement notifying the TSDF that the waste is restricted?

N/A ☒ Yes ___ No ___

NOTE: If the facility qualifies as a SQG and all waste shipments are subject to tolling agreements, reduced requirements to those described in question 8 may apply.

9. For wastes being shipped off-site meeting treatment standards, did the generator certify to the TSDF that the waste meets all applicable treatment standards, including the statement in 268.7(a)(2)(ii)?

N/A ☒ Yes ___ No ___

NOTE: If the answer to question 9 is either yes or no, complete the LDR checklist!

10. Did the generator dilute a restricted hazardous waste in a manner which is prohibited (268.3)?

N/A ☒ Yes ___ No ___

Section F - PRETRANSPORT REQUIREMENTS (335.65-68)

1. Are hazardous wastes packaged in accordance with DOT requirements (49CFR Parts 173, 178, 179) before being offered for transport? (if observed)
2. Are hazardous waste packages labeled and marked in accordance with 49CFR Part 172 before being offered for transport? (if observed)
3. Is each container of 110 gallons or less marked with the following hazardous waste warning label before being offered for transport? (if observed)

N/A ☒ YES ___ NO ___

N/A ☒ YES ___ NO ___

N/A ☒ YES ___ NO ___

"HAZARDOUS WASTE--Federal Law Prohibits Improper Disposal. If found, contact the nearest police or public safety authority or the U.S. Environmental Protection Agency. Generator's Name and Address _____ Manifest Document No. _____"

4. Are vehicles transporting hazardous wastes placarded in accordance with DOT regulations (49CFR Part 172 Subpart F)? (if observed)

N/A ☒ YES ___ NO ___

Section G - ACCUMULATION EXEMPTIONS (335.69 & 335.78)

NOTE: Hazardous wastes may be accumulated in Containers or Tanks without a permit for up to 90 days for large quantity generators, or 180 days for SQGs, or 270 days for SQGs that must transport waste >200 miles.

1. Is the beginning date of Accumulation Time clearly indicated on each container?

N/A ___ YES ☒ NO ___

2. Is each container or tank clearly labeled or marked "Hazardous Waste"?

N/A ___ YES ☒ NO ___

3. Did generator exceed the Accumulation Time limitation?

N/A ___ NO ☒ YES ___

4. Did SQG or CE-SQG exceed Accumulation Quantity limitation?

N/A ☒ NO ___ YES ___

NOTE: SQG: Total quantity of HW must never exceed 6000 kg.
CE-SQG: Total quantity of HW must never exceed 1000 kg.

+++++ STOP & SIGN HERE IF GENERATOR QUALIFIES AS A CE-SQG
Signed: _____

+++++

Section F is Not Applicable to Municipal CE-SQGs.

Not Applicable to Municipal and Industrial CE-SQGs.

NOTE: If the answer to question 10 is yes, complete the LDR checklist!

11. Does the generator treat restricted hazardous waste on-site, in order to meet the treatment standards of Subpart D, 268.7(a)(4)?
N/A ☒ Yes ___ No ___
12. For generators who qualify as permit exempt per 335.69/262.34, and who treat restricted waste in containers or tanks (in order the meet the treatment standards of 268, Subpart D), has the waste analysis plan (WAP) been submitted to EPA or TWC 30 days prior to the treatment activity?
N/A ☒ Yes ___ No ___
13. Has the generator shipped lab packs off-site (268.7(a)(7&8)?
N/A ☒ Yes ___ No ___
- a. Has the generator chosen to certify that the waste contains only EPA waste identification codes in either Appendix IV or V of Part 268?
N/A ☒ Yes ___ No ___

If yes, describe any deficiencies below: _____

- b. Is there a violation of the referenced rule? N/A ☒ Yes ___ No ___
14. If a restricted waste is subject to a case-by-case extension (268.5), exemption (268.6), or nationwide capacity variance (268, Subpart C), did the generator notify the TSDF of the date the waste is subject to the prohibitions [268.7(a)3(v)]?
N/A ☒ Yes ___ No ___
15. Does the facility handle characteristic hazardous wastes which are no longer hazardous [268.9(d)]?
N/A ☒ Yes ___ No ___

If yes:

- a. Was the waste treated and rendered nonhazardous and then disposed of on-site?
N/A ☒ Yes ___ No ___
- b. Was the waste shipped off-site to a Subtitle D facility (nonhazardous TSDF)?
N/A ☒ Yes ___ No ___
- c. Was a proper notification and certification submitted to EPA/TWC?
N/A ☒ Yes ___ No ___

NOTE: A one time notification/certification is still required for all wastes that are treated on-site and rendered nonhazardous.

=====

TWC Solid Waste Inspection Report

TWC Reg. No. 32051

GENERAL FACILITIES CHECKLIST

Section A - GENERAL SITE INFORMATION

1. Are any solid waste facilities located in the 100-year floodplain? NO ☒ YES ☐
2. Describe land use within one mile Industrial, commercial & residential
3. Are there any closed or abandoned solid waste facilities? NO ☒ YES ☐
4. Has proof of deed recordation of all solid waste Land Disposal facilities been provided to TWC? N/A ☒ YES ☐ NO ☐
5. Is there any evidence of fires and explosions or leaks and discharges to the environment from solid waste facilities or any other type of facility? NO ☒ YES ☐

NOTE: Attach PLANT MAP or SKETCH showing site orientation, waste management facilities, and major topographic features.

Section B - PERSONNEL TRAINING (40 CFR Part 265.16)

1. Does the owner/operator maintain a personnel training program designed to prepare employees to respond effectively to hazardous waste emergencies? YES ☒ NO ☐
- *2. Is the program directed by a person that has received training in hazardous waste management procedures? N/A ☐ YES ☒ NO ☐
- *3. Is a training review given annually? N/A ☐ YES ☒ NO ☐
- *4. Does the owner/operator keep the following records at the facility:
 - a. Job title and written job description of each position? N/A ☐ YES ☒ NO ☐
 - b. Description of the type and amount of training? N/A ☐ YES ☒ NO ☐

* Not applicable to Small Quantity Generators [262.34(d)(5)(iii)]

*** An entry in this column indicates corrective action or comment is needed.

Section C - PREPAREDNESS and PREVENTION (265.30-.37)

1. Is the facility equipped with:

- a. Internal communication or alarm system within easy access? N/A YES X NO
b. Communication system to call off-site emergency assistance? N/A YES X NO
c. Fire, spill control, and decontamination equipment? N/A YES X NO
d. Adequate fire-water supply (volume and pressure)? YES X NO

2. Is the above-noted emergency equipment regularly tested? YES X NO

3. Is aisle space sufficient to allow unobstructed movement of personnel and equipment?

N/A YES X NO

NOTE: Measure or estimate aisle space: 3 ft

4. Has the owner/operator attempted to familiarize local response authorities with: facility layout, entrances and evacuation routes, hazardous waste properties and hazards, and the work locations of facility personnel?

N/A YES X NO

5. Has a primary authority been designated in case more than one law enforcement or fire department responds?

N/A X YES NO

6. Has the owner/operator attempted to reach agreements with emergency response contractors and equipment suppliers?

N/A YES X NO

7. Has the owner/operator attempted to make arrangements with local hospitals to familiarize them with the hazardous wastes handled and the injuries that could result from: fires, explosions, or releases from the facility?

N/A YES X NO

8. Did local authorities decline to enter into the above-noted (questions 4-7) agreements?

N/A X YES NO

a. If yes, was this documented?

N/A X YES NO

Section D1- EMERGENCY PROCEDURES FOR SQGs [262.34(d)]

1. Has an emergency coordinator been designated?

N/A X YES NO

2. Is the following information posted by the telephone:

- a. Name & telephone no. of the emergency coordinator
b. Location of emergency equipment
c. Telephone no. of fire department
(Unless facility has direct connection)

N/A X YES NO

N/A X YES NO

N/A X YES NO

3. Is the emergency coordinator familiar with the emergency response procedures in 262.34(d)(5)(iv)?

N/A X YES NO

++++ STOP & SIGN HERE IF FACILITY QUALIFIES FOR THE SQG EXEMPTION ++++
Signed: _____

Section D2 - CONTINGENCY PLAN and EMERGENCY PROCEDURES (265.50-.56)

1. Is a **contingency plan** to minimize dangers of accidental releases from hazardous waste facilities maintained at the facility? YES ☒ NO ☐
2. Does the contingency plan contain:
- a. Actions to be taken in response to emergencies? YES ☒ NO ☐
 - b. Description of agreements with police, fire & hospital officials? N/A ☐ YES ☒ NO ☐
 - c. Names, addresses & phone numbers of emergency coordinators? YES ☒ NO ☐
 - d. List, description & location of emergency equipment? YES ☒ NO ☐
 - e. Evacuation plans, if necessary? N/A ☐ YES ☒ NO ☐
3. Have copies of the contingency plan been provided to: local police and fire departments, hospitals, and State and local emergency response teams? N/A ☐ YES ☒ NO ☐

+++ STOP & SIGN HERE IF FACILITY QUALIFIES FOR THE 90-DAY ACCUMULATION EXEMPTION +++
Signed: _____

Section E - WASTE ANALYSIS (265.13)

1. Is a **written waste analysis plan** maintained at the facility? YES ☒ NO ☐
2. Does the plan include the following:
- a. Detailed physical and chemical analysis of all haz. wastes? YES ☒ NO ☐
 - b. Rationale for selection of analytical parameters? YES ☒ NO ☐
 - c. Analytical test methods used? YES ☒ NO ☐
 - d. Sampling methods used to obtain representative waste samples? YES ☒ NO ☐
 - e. Frequency the initial analysis will be reviewed or repeated? (including re-testing when waste streams change) YES ☒ NO ☐
 - f. Waste analyses that generators have agreed to provide? (applies to facilities receiving wastes from off-site) N/A ☒ YES ☐ NO ☐
3. For facilities receiving hazardous wastes from off-site:
- a. Is each incoming waste shipment **inspected** to check it against the manifest? N/A ☒ YES ☐ NO ☐
 - b. Is each shipment **analyzed**, if necessary? N/A ☒ YES ☐ NO ☐

Section F - SECURITY (265.14)

1. Does the facility provide adequate security to minimize the possibility of unauthorized entry by persons or livestock? YES ☒ NO ☐
2. Is security of the active portion of the facility provided through:
(circle)
- a. 24 Hr surveillance
- OR
- b. Perimeter barriers and means to control entry YES ☒ NO ☐
3. Is a sign with the legend "Danger-Unauthorized Personnel Keep Out" (or an equivalent legend) posted at all entrances and approaches to active portions of the facility? YES ☒ NO ☐
4. Is the sign legible from at least 25 feet? YES ☒ NO ☐
5. In counties bordering the Republic of Mexico, is the sign written in both English and Spanish? N/A ☒ YES ☐ NO ☐

Section G - GENERAL INSPECTION REQUIREMENTS (265.15)

1. Is a written inspection schedule maintained on site for each RCRA facility unit? N/A ☐ YES ☒ NO ☐
2. Does the schedule provide for inspecting each RCRA facility unit for the following equipment:
- a. Monitoring equipment? N/A ☒ YES ☐ NO ☐
- b. Safety and emergency equipment? YES ☒ NO ☐
- c. Security devices? N/A ☒ YES ☐ NO ☐
- d. Operating and structural equipment? YES ☒ NO ☐
3. Does the schedule identify the following types of problems to be looked for during the inspection:
- a. Malfunction and deterioration? YES ☒ NO ☐
- b. Operator error? YES ☒ NO ☐
- c. Discharge or threat of discharge? YES ☒ NO ☐
4. Does the schedule specify inspection frequency for each RCRA facility unit? YES ☒ NO ☐
5. Does owner/operator maintain inspection logs which include:
- a. Date and time of inspection? YES ☒ NO ☐
- b. Name of inspector? YES ☒ NO ☐
- c. Notation of observation? YES ☒ NO ☐
- d. Date and nature of repairs and remedial action? YES ☒ NO ☐

6. Have all malfunctions or other deficiencies that were noted in the inspection log been corrected? N/A YES ☒ NO ☐
7. Are records of inspection logs maintained for three years? YES ☒ NO ☐

Section H - SPECIAL REQUIREMENTS (265.17)

1. Are ignitable, reactive & incompatible wastes managed so as to prevent: ignition, violent reactions, toxic or flammable gases, damage to the facility, or threat to humans or the environment? N/A ☐ YES ☒ NO ☐
2. Are smoking and open flame confined to designated areas? N/A ☐ YES ☒ NO ☐
3. Are "No Smoking" signs posted in areas where there is a hazard from ignitable or reactive wastes? N/A ☐ YES ☒ NO ☐

Section I - MANIFESTS, RECORDS & REPORTS (TAC 335.12)

NOTE: This section applies to facilities receiving hazardous and Class I wastes from off-site.

1. Are all* hazardous and Class I wastes received accompanied by manifests or appropriate shipping papers (for rail or water shipments)? N/A ☒ YES ☐ NO ☐
2. Does the facility owner/operator:
- a. Sign and date the manifests or shipping papers? N/A ☒ YES ☐ NO ☐
 - b. Immediately give the transporter copies of the manifests or shipping papers? N/A ☒ YES ☐ NO ☐
 - c. Send the generator copies of the manifests or shipping papers within 30 days of delivery? N/A ☒ YES ☐ NO ☐
 - d. Retain copies of the manifests or shipping papers for at least three years? N/A ☒ YES ☐ NO ☐
3. Have significant manifest discrepancies [335.12(c)] been reconciled with the generator and transporter? N/A ☒ YES ☐ NO ☐

* Not applicable to wastes from municipal CE-SQGs.

Section J - OPERATING RECORD (265.73)

1. Does the owner/operator maintain a written operating record on-site containing the following information:

- a. Description and quantity of hazardous waste received? N/A ☒ YES ___ NO ___
- b. Method and date of treatment, storage or disposal on-site? N/A ☒ YES ___ NO ___
- c. Location & quantity of each haz. waste within each unit? N/A ☒ YES ___ NO ___
- d. Records and results of waste analyses and trial tests? N/A ☒ YES ___ NO ___
- e. Summary reports of all incidents requiring implementation of the Emergency Contingency Plan? N/A ☒ YES ___ NO ___

NOTE: Other specific operating record requirements are noted in facility units checklists where appropriate.

Section K - FINANCIAL ASSURANCE (265.140-.150)

1. Did preinspection call to Central Office confirm that the facility has submitted current financial assurance documentation? N/A ☒ YES ___ NO ___

2. Indicate the documents submitted and their respective values:

___ Sudden Liability- Amount: \$ NA per occurrence; \$ _____ annual

___ Non-sudden Liability- Amount: \$ _____ per occurrence; \$ _____ annual

___ Closure Assurance- Amount: \$ NA

___ Post-Closure Assurance- Amount: \$ _____

3. Does the closure assurance amount equal the closure cost estimate?
(see Closure/Post-Closure Checklist, Section C) N/A ☒ YES ___ NO ___

4. Does post-closure assurance amount equal the post-closure cost estimate?
(see Closure/Post-Closure Checklist, Section D) N/A ☒ YES ___ NO ___

5. Did Financial Assurance Officer report that documentation is adequate? N/A ☒ YES ___ NO ___

Comments: According to correspondence, dated 12/17/90, from Allen Beinky, TWC Executive Director to National Westminster Bank, the company's closure certification was approved by the TWC and the company is released from the financial assurance requirement,

ADDENDUM TO GENERAL FACILITIES CHECKLIST

TWC # 32051

NOTE: This addendum page is to be used along with the current "General Facilities Checklist" of 05/88. Please fill out as appropriate, and attach to the "General Facilities Checklist" before the comments page. A complete, updated "General Facilities Checklist" is pending for mid-November 1990.

SECTION E -- Waste Analysis (265.13 & 268.7).

2. g. The methods which will be used to meet the additional waste analysis requirements of the land disposal restrictions? N/A ☒ Yes ___ No ___

SECTION J -- Operating Record (265.73 & 268.50).

2. For restricted wastes that exceed treatment standards, do operating records for hazardous waste tanks show that wastes are stored for less than one year, by one of the following methods:
- a. Have tanks been emptied at least once per year? N/A ☒ Yes ___ No ___
- b. Have volumes of restricted waste been removed from tanks at least equal to the tank volume each year? N/A ☒ Yes ___ No ___
3. If storage of restricted wastes exceeding treatment standards has been for greater than one year, can the owner/operator demonstrate that the purpose of such storage is solely for accumulating sufficient quantities of restricted waste to facilitate proper recovery, treatment, or disposal? N/A ☒ Yes ___ No ___

TWC Solid Waste Inspection Report

40CFR 262.34(c) (1) (2)

TWC Reg. No. 32051SATELLITE ACCUMULATION AREA CHECKLIST

NOTE: Generators may accumulate HW in containers at or near the point-of-generation without a permit if they meet the following conditions.

1. Are containers in good condition? NA YES___ NO___
2. Is the waste compatible with the containers? NA YES___ NO___
3. Are containers kept closed (except when adding or removing waste)? NA YES___ NO___
4. Are containers marked "hazardous waste" or labeled to identify the contents? NA YES___ NO___
5. If waste accumulation has exceeded 55 gallons (or 1 qt. of acutely HW):
 - a. Has container holding excess amount been marked with beginning date of excess accumulation? N/A ☒ YES___ NO___
 - b. Have excess amounts remained in satellite area over 3 days? N/A ☒ NO___ YES___

COMMENTS: At the time of this inspection - no hazardous
waste was being accumulated at a
satellite accumulation area.

*** An entry in this column indicates corrective action or comment is needed.

CONTAINER STORAGE (LEA CHECKLIST

TWC # 32081

SECTION I -- Container Requirements (265. 170-177).

1. Are containers in good condition? N/A ☐ Yes ☒ No ☐
2. Are the containers compatible with the wastes being stored? N/A ☐ Yes ☒ No ☐
3. Are containers kept closed and stored in a safe manner? N/A ☐ Yes ☒ No ☐
4. Are containers inspected weekly for leakage and deterioration? N/A ☐ Yes ☒ No ☐
5. Are containers holding ignitable or reactive wastes kept at least 15 meters (50 ft) from the facility property line? N/A ☒ Yes ☐ No ☐
6. Are containers holding incompatible wastes separated by a physical barrier or sufficient distance? N/A ☒ Yes ☐ No ☐
7. Does the storage area have adequate containment protection? N/A ☒ Yes ☐ No ☐

SECTION II -- LDR Container Storage Requirements (268.50).

1. Have restricted wastes exceeding treatment standards been stored for > 90 days? N/A ☒ Yes ☐ No ☐
- If yes, continue:
- A. Have all containers been clearly marked to identify the contents and date(s) entering storage? N/A ☒ Yes ☐ No ☐
- B. Do operating records track location, quantity, and dates that restricted wastes entered and were removed from storage? N/A ☒ Yes ☐ No ☐
- C. Do records agree with container labeling? N/A ☒ Yes ☐ No ☐
- D. Have restricted wastes been stored for more than one year? N/A ☒ Yes ☐ No ☐
- If yes, continue:
- i. Can the owner/operator demonstrate that the purpose of such storage has been solely conducted for accumulating sufficient quantities of restricted wastes to facilitate proper recovery, treatment, or disposal? N/A ☒ Yes ☐ No ☐

TWC Solid Waste Inspection Report
(CFR 265.110-.120)
CLOSURE & POST-CLOSURE CHECKLIST

TWC Reg. No. 32057

NOTE: If Closure of a facility is in progress, attach a Closure-in-Progress Checklist.

Section A - CLOSURE PLAN (CFR 265.110-115)

1. Circle hazardous waste facilities subject to RCRA CLOSURE:

CLOSURE: (C) T SI WP LT LF I TT TR WDW O

2. Does the facility have a written closure plan?

YES X NO

3. Does the closure plan address all* hazardous waste facilities?

YES X NO

4. Does the closure plan include:

a. A description of how and when the facility will be:

(1) Partially Closed-

(2) Finally Closed-

N/A X YES NO
YES X NO

b. An up-to-date estimate of maximum inventory of hazardous wastes in storage and treatment at any time during the life of the facility?

SLB
YES X NO

c. An estimate of the expected year of closure?

Year: 1989

YES X NO

5. Does the plan include a schedule for final closure?

YES X NO

a. Does the schedule include:

(1) Time estimates for each phase of closure for each area?

(2) Time estimate for total closure?

YES X NO
YES X NO

6. Are the following steps to close included in the plan:

a. Removal of wastes

N/A YES X NO

b. Treatment of wastes

N/A X YES NO

c. Disposal of wastes

N/A YES X NO

d. Cap or final cover

N/A X YES NO

e. Decontamination of equipment & structures

YES X NO

f. Closure certification

YES X NO

7. Has the closure plan been amended as necessary to reflect changes in facility operations or design?

N/A X YES NO

* Not applicable to 90-Day Accumulation facilities.

*** An entry in this column indicates corrective action or comment is needed.

Section B - POST-CLOSURE PLAN (265.117-120)

1. Circle hazardous waste facilities subject to RCRA Post-Closure:

N/A ☒

POST-CLOSURE: SI WP LT LF O

2. Does the facility have a written Post-Closure Plan?

YES ___ NO ___

3. Does the plan address all RCRA Land Disposal facilities?

YES ___ NO ___

4. Does the plan provide for 30 years of post-closure care?

YES ___ NO ___

5. Does the Post-Closure Plan include:

a. Description of planned groundwater monitoring activities and the frequencies at which they will be performed?

YES ___ NO ___

b. Description of planned maintenance activities and frequencies they will be performed to ensure the following:

(1) Integrity of final cover or other containment

YES ___ NO ___

(2) Proper functioning of groundwater monitoring equipment

YES ___ NO ___

(3) Proper functioning of leachate collection equipment

N/A ___ YES ___ NO ___

(4) Proper functioning of gas collection equipment

N/A ___ YES ___ NO ___

c. Name, address and phone number of facility contact person for the post-closure period?

YES ___ NO ___

6. Has the Post-Closure Plan been amended as necessary to reflect changes in operation or design of the facility?

N/A ___ YES ___ NO ___

7. If RCRA Closure has occurred:

a. Did the owner/operator make proper notification to the local land authority?

N/A ___ YES ___ NO ___

b. Did the owner/operator make proper notification in the deed to property of prior HW land use and future land-use restrictions?

N/A ___ YES ___ NO ___

COMMENTS:

Section C - CLOSURE COST ESTIMATE (265.142)

TWC Solid Waste Inspection Report

CLOSURE-in-PROGRESS CHECKLIST

TWC Reg. No. 32051

Reg. Facility No. 01

Type of Facility Component: Containers Storage Area

1. Is the facility component being closed a RCRA unit? YES ☒ NO ☐

2. Type of Closure: Full-Facility Closure: ☒ Partial Closure: ☐

3. Has closure plan received TWC approval or final modification? N/A ☐ YES ☒ NO ☐
Date of approval: 5/16/89

4. Is this the last on-site facility to be closed which requires RCRA groundwater monitoring? N/A ☒ YES ☐ NO ☐

5. Has an approved public notice of closure been published? N/A ☐ YES ☒ NO ☐
Date published: 4/13/89

6. Is a public hearing required? YES ☐ NO ☒
Date of hearing: N/A

7. Has on-site closure work started? YES ☒ NO ☐
Date work initiated: 5/25/89

8. Is closure work proceeding according to the work schedule in the approved closure plan? N/A ☒ YES ☐ NO ☐

9. Have 180 days elapsed since TWC approval of the closure plan? N/A ☒ YES ☐ NO ☐

a. If Yes, has TWC approved an extension period? N/A ☒ YES ☐ NO ☐

10. Was District Office notified of sampling event when complete removal (i.e., clean closure) of a Land Disposal facility was to have been accomplished? N/A ☒ YES ☐ NO ☐

11. Were TWC samples taken to verify completion of closure? YES ☐ NO ☒

NOTE: List chain-of-custody sample tag numbers in comments.

12. Is the closure work completed? YES ☐ NO ☐
Date of completion: 6/14/89

13. Has the closure certification been submitted to TWC? N/A ☐ YES ☒ NO ☐
Attach copy or explain.

Date of certification: 11/2/90

*** An entry in this column indicates corrective action or comment is needed.

LAND DISPOSAL RESTRICTION (LDR) CHECKLIST

TWC # 3205/

FORM A - Restricted Waste Determination

NOTE: This form must be completed during all inspections where the facility treats, stores, or disposes of restricted hazardous wastes, or where the generator certifies that the waste(s) meet treatment standards.

SECTION I -- Restricted F-solvent and Dioxin Wastes (268.30 & 268.31).

1. Check each block that applies.

<input type="checkbox"/> F001	<input type="checkbox"/> F004	<input type="checkbox"/> F021	<input type="checkbox"/> F026	* applicable only if waste is <u>ignitable</u>
<input type="checkbox"/> F002	<input type="checkbox"/> F005	<input type="checkbox"/> F022	<input type="checkbox"/> F027	
<input type="checkbox"/> F003*	<input type="checkbox"/> F020	<input type="checkbox"/> F023	<input type="checkbox"/> F028	

2. Check here if this section is not applicable (the facility does not handle F-solvent or dioxin wastes).

N/A X

SECTION II -- Restricted California List Wastes (268.32).

1. Check each block that applies.

☐ Liquid hazardous wastes or liquids associated with solids or sludges containing one or more of the following concentrations:
☐ Nickel or wastes containing nickel (as Ni) > 134 mg/l; or
☐ Thallium or wastes containing thallium (as Ti) > 130 mg/l.
☐ Liquid or non-liquid hazardous waste (which is not a listed hazardous waste) containing halogenated organic compounds (HOC's) at concentrations > or = to 1000 mg/l (or mg/kg as may apply).
☐ Any liquid hazardous waste that also contains polychlorinated biphenyls (PCB's) at concentrations > 50 mg/l.

NOTE: All other potential California List wastes have now probably been superseded by specific treatment standards that are more stringent than the California List prohibitions, except for wastes which may be subject to nationwide capacity variances.

2. Check here if this section is not applicable (the facility does not handle California List wastes).

N/A X

SECTION III -- RCRA Listed Wastes (268.33, 268.34 & 268.35).

1. Check each block that applies. Indicate for each waste whether the facility handles the wastewater treatability group (ww), nonwastewater treatability group (non), or both (ww-non).

<input type="checkbox"/> F006	<input type="checkbox"/> F010	<input type="checkbox"/> F024
<input type="checkbox"/> F007	<input type="checkbox"/> F011 ⁶	<input type="checkbox"/> F025
<input type="checkbox"/> F008	<input type="checkbox"/> F012	<input type="checkbox"/> F039 (ww) ^{1,5}
<input type="checkbox"/> F009	<input type="checkbox"/> F019	<input type="checkbox"/> F039 (non)

_____ K001	_____ K031 (ww)	_____ K069 (ww)
_____ K002	_____ K032	_____ K069-CaSO ₄ (non)
_____ K003	_____ K033	_____ K069-nonCaSO ₄ (non)
_____ K004	_____ K034	_____ K071
_____ K005	_____ K035	_____ K073
_____ K006	_____ K036	_____ K083
_____ K007	_____ K037	_____ K084 (non) ¹
_____ K008	_____ K038	_____ K084 (ww)
_____ K009 (non) (ww) ₆	_____ K039	_____ K085
_____ K010	_____ K040	_____ K086
_____ K011 (ww) ⁵	_____ K041	_____ K087
_____ K011 (non) ⁶	_____ K042	_____ K093
_____ K013 (ww) ⁵	_____ K043	_____ K094
_____ K013 (non) ⁶	_____ K044	_____ K095
_____ K014 ⁵	_____ K045	_____ K096
_____ K015	_____ K046	_____ K097
_____ K016 ⁶	_____ K047	_____ K098
_____ K017	_____ K048 (non) ²	_____ K099
_____ K018	_____ K048 (ww)	_____ K100
_____ K019	_____ K049 (non) ²	_____ K101 (non) ¹
_____ K020	_____ K049 (ww)	_____ K101 (ww)
_____ K021	_____ K050 (non) ²	_____ K102 (non) ¹
_____ K022	_____ K050 (ww)	_____ K102 (ww)
_____ K023	_____ K051 (non) ²	_____ K103
_____ K024	_____ K051 (ww)	_____ K104
_____ K025	_____ K052 (non) ²	_____ K105
_____ K026	_____ K052 (ww)	_____ K106 (non) ¹
_____ K027	_____ K060	_____ K106 (ww)
_____ K028	_____ K061 (ww)	_____ K113
_____ K029	_____ K061-Low Zn (non)	_____ K114
_____ K030	_____ K061-High Zn (non) ³	_____ K115
_____ K031 (non) ¹	_____ K062	_____ K116

_____ P001	_____ P022	_____ P046
_____ P002	_____ P023	_____ P047
_____ P003	_____ P024	_____ P048
_____ P004	_____ P026	_____ P049
_____ P005	_____ P027	_____ P050
_____ P006	_____ P028	_____ P051
_____ P007	_____ P029	_____ P054
_____ P008	_____ P030	_____ P055
_____ P009	_____ P031	_____ P056
_____ P010 (non) ¹	_____ P033	_____ P057
_____ P010 (ww)	_____ P034	_____ P058
_____ P011 (non) ¹	_____ P036 (non) ¹	_____ P059
_____ P011 (ww)	_____ P036 (ww)	_____ P060
_____ P012 (non) ¹	_____ P037	_____ P062
_____ P012 (ww)	_____ P038 (non) ¹	_____ P063
_____ P013	_____ P038 (ww)	_____ P064
_____ P014	_____ P039	_____ P065 (non) ¹
_____ P015	_____ P040	_____ P065 (ww)
_____ P016	_____ P041	_____ P066
_____ P017	_____ P042	_____ P067
_____ P018	_____ P043	_____ P068
_____ P020	_____ P044	_____ P069
_____ P021	_____ P045	_____ P070

_____ P071	_____ P092 (non) ¹	_____ P109
_____ P072	_____ P092 (ww)	_____ P110
_____ P073	_____ P093	_____ P111
_____ P074	_____ P094	_____ P112
_____ P075	_____ P095	_____ P113
_____ P076	_____ P096	_____ P114
_____ P077	_____ P097	_____ P115
_____ P078	_____ P098	_____ P116
_____ P081	_____ P099	_____ P118
_____ P082	_____ P101	_____ P119
_____ P084	_____ P102	_____ P120
_____ P085	_____ P103	_____ P121
_____ P087 (non) ¹	_____ P104	_____ P122
_____ P087 (ww)	_____ P105	_____ P123
_____ P088	_____ P106	
_____ P089	_____ P108	

_____ U001	_____ U044	_____ U087
_____ U002	_____ U045	_____ U088
_____ U003	_____ U046	_____ U089
_____ U004	_____ U047	_____ U090
_____ U005	_____ U048	_____ U091
_____ U006	_____ U049	_____ U092
_____ U007	_____ U050	_____ U093
_____ U008	_____ U051	_____ U094
_____ U009	_____ U052	_____ U095
_____ U010	_____ U053	_____ U096
_____ U011	_____ U055	_____ U097
_____ U012	_____ U056	_____ U098
_____ U014	_____ U057	_____ U099
_____ U015	_____ U058	_____ U101
_____ U016	_____ U059	_____ U102
_____ U017	_____ U060	_____ U103
_____ U018	_____ U061	_____ U105
_____ U019	_____ U062	_____ U106
_____ U020	_____ U063	_____ U107
_____ U021	_____ U064	_____ U108
_____ U022	_____ U066	_____ U109
_____ U023	_____ U067	_____ U110
_____ U024	_____ U068	_____ U111
_____ U025	_____ U069	_____ U112
_____ U026	_____ U070	_____ U113
_____ U027	_____ U071	_____ U114
_____ U028	_____ U072	_____ U115
_____ U029	_____ U073	_____ U116
_____ U030	_____ U074	_____ U117
_____ U031	_____ U075	_____ U118
_____ U032	_____ U076	_____ U119
_____ U033	_____ U077	_____ U120
_____ U034	_____ U078	_____ U121
_____ U035	_____ U079	_____ U122
_____ U036	_____ U080	_____ U123
_____ U037	_____ U081	_____ U124
_____ U038	_____ U082	_____ U125
_____ U039	_____ U083	_____ U126
_____ U041	_____ U084	_____ U127
_____ U042	_____ U085	_____ U128
_____ U043	_____ U086	_____ U129

<input type="checkbox"/> U130	<input type="checkbox"/> U164	<input type="checkbox"/> U204
<input type="checkbox"/> U131	<input type="checkbox"/> U165	<input type="checkbox"/> U205
<input type="checkbox"/> U132	<input type="checkbox"/> U166	<input type="checkbox"/> U206
<input type="checkbox"/> U133	<input type="checkbox"/> U167	<input type="checkbox"/> U207
<input type="checkbox"/> U134	<input type="checkbox"/> U168	<input type="checkbox"/> U208
<input type="checkbox"/> U135	<input type="checkbox"/> U169	<input type="checkbox"/> U209
<input type="checkbox"/> U136 (non) ¹	<input type="checkbox"/> U170	<input type="checkbox"/> U210
<input type="checkbox"/> U136 (ww)	<input type="checkbox"/> U171	<input type="checkbox"/> U211
<input type="checkbox"/> U137	<input type="checkbox"/> U172	<input type="checkbox"/> U213
<input type="checkbox"/> U138	<input type="checkbox"/> U173	<input type="checkbox"/> U214
<input type="checkbox"/> U140	<input type="checkbox"/> U174	<input type="checkbox"/> U215
<input type="checkbox"/> U141	<input type="checkbox"/> U176	<input type="checkbox"/> U216
<input type="checkbox"/> U142	<input type="checkbox"/> U177	<input type="checkbox"/> U217
<input type="checkbox"/> U143	<input type="checkbox"/> U178	<input type="checkbox"/> U218
<input type="checkbox"/> U144	<input type="checkbox"/> U179	<input type="checkbox"/> U219
<input type="checkbox"/> U145	<input type="checkbox"/> U180	<input type="checkbox"/> U220
<input type="checkbox"/> U146	<input type="checkbox"/> U181	<input type="checkbox"/> U221
<input type="checkbox"/> U147	<input type="checkbox"/> U182	<input type="checkbox"/> U222
<input type="checkbox"/> U148	<input type="checkbox"/> U183	<input type="checkbox"/> U225
<input type="checkbox"/> U149	<input type="checkbox"/> U184	<input type="checkbox"/> U226
<input type="checkbox"/> U150	<input type="checkbox"/> U185	<input type="checkbox"/> U227
<input type="checkbox"/> U151 (non) ¹	<input type="checkbox"/> U186	<input type="checkbox"/> U228
<input type="checkbox"/> U151 (ww)	<input type="checkbox"/> U187	<input type="checkbox"/> U234
<input type="checkbox"/> U152	<input type="checkbox"/> U188	<input type="checkbox"/> U236
<input type="checkbox"/> U153	<input type="checkbox"/> U189	<input type="checkbox"/> U237
<input type="checkbox"/> U154	<input type="checkbox"/> U191	<input type="checkbox"/> U238
<input type="checkbox"/> U155	<input type="checkbox"/> U192	<input type="checkbox"/> U239
<input type="checkbox"/> U156	<input type="checkbox"/> U193	<input type="checkbox"/> U240
<input type="checkbox"/> U157	<input type="checkbox"/> U194	<input type="checkbox"/> U243
<input type="checkbox"/> U158	<input type="checkbox"/> U196	<input type="checkbox"/> U244
<input type="checkbox"/> U159	<input type="checkbox"/> U197	<input type="checkbox"/> U246
<input type="checkbox"/> U160	<input type="checkbox"/> U200	<input type="checkbox"/> U247
<input type="checkbox"/> U161	<input type="checkbox"/> U201	<input type="checkbox"/> U248
<input type="checkbox"/> U162	<input type="checkbox"/> U202	<input type="checkbox"/> U249
<input type="checkbox"/> U163	<input type="checkbox"/> U203	

2. Check here if this section is not applicable (the facility does not handle RCRA Listed wastes).

N/A 

=====

SECTION IV -- Restricted Characteristic Hazardous Wastes (268.35).

1. Does the facility handle the following ignitable (D001) hazardous wastes:

Nonwastewaters

☐ Ignitable compressed gases subcategory

☐ Ignitable reactives subcategory

☐ Oxidizers

☐ Ignitable liquids having TOC content > 10%

☐ Ignitable liquids having TOC content between 1% and 10%

Wastewaters

☐ Ignitable compressed gases subcategory

☐ Ignitable reactives subcategory

☐ Oxidizers

☐ Ignitable liquids subcategory (<1% TOC, <1% TSS)

2. Does the facility handle the following corrosive (D002) hazardous wastes:

Nonwastewaters

- _____ Alkaline subcategory⁵
- _____ Acid subcategory⁵
- _____ Other corrosives subcategory⁵

Wastewaters

- _____ Alkaline subcategory⁵
- _____ Acid subcategory⁵
- _____ Other corrosives subcategory⁵

3. Does the facility handle the following reactive (D003) hazardous wastes:

Nonwastewaters

- _____ Reactive cyanides subcategory⁵
- _____ Reactive sulfides subcategory⁵
- _____ Explosives subcategory⁵
- _____ Water reactives & other reactives subcategory

Wastewaters

- _____ Reactive cyanides subcategory⁵
- _____ Reactive sulfides subcategory⁵
- _____ Explosives subcategory⁵
- _____ Water reactives & other reactives subcategory

4. Does the facility handle the following characteristically toxic hazardous wastes:

Nonwastewaters

- _____ D004 (arsenic)¹
- _____ D005 (barium)
- _____ D006 (cadmium)
- _____ D006 (cadmium batteries)
- _____ D007 (chromium, total)⁵
- _____ D008 (lead)
- _____ D008 (lead acid batteries)⁴
- _____ D009^{1,5}
- _____ D009 (high subcategory, >260 mg/kg total mercury)
- _____ D009 (mercury and organics)
- _____ D009 (mercury inorganics)
- _____ D009 (low mercury subcategory)⁵
- _____ D010 (selenium)
- _____ D011 (silver)
- _____ D012 (endrin)
- _____ D013 (lindane)
- _____ D014 (methoxychlor)
- _____ D015 (toxaphene)
- _____ D016 (2,4-D)
- _____ D017 (2,4,5-TP)

Wastewaters

- _____ D004 (arsenic)
- _____ D005 (barium)
- _____ D006 (cadmium)
- _____ D007 (chromium, total)⁵
- _____ D008 (lead)
- _____ D009 (mercury)
- _____ D010 (selenium)
- _____ D011 (silver)
- _____ D012 (endrin)
- _____ D013 (lindane)
- _____ D014 (methoxychlor)
- _____ D015 (toxaphene)
- _____ D016 (2,4-D)
- _____ D017 (2,4,5-TP)

NOTE: Hazardous waste numbers D018 through D043 are not subject to LDR requirements until EPA promulgates regulations regarding the wastes.

5. Check here if this section is not applicable (the facility does not handle RCRA characteristic wastes). N/A ☒

SECTION V -- Contaminated Soil & Debris Restricted Wastes.

1. Does the facility handle contaminated soil or debris, which has waste numbers F001-F005, F020-F023, F026-F028, or is a California List hazardous waste that resulted from a CERCLA response action or from RCRA corrective action activities? N/A ☒ Yes ___ No ___

NOTE: These wastes are not prohibited from land disposal until 11/08/90 (268.30, 268.31, and 268.32).

2. Does the facility handle contaminated soil or debris, which have waste numbers restricted from land disposal per 268.32 (2nd third wastes), which also have treatment standards based upon incineration? N/A ☒ Yes ___ No ___

NOTE: These wastes are not prohibited from land disposal until 06/08/91 (268.34).

3. Does the facility handle contaminated soil or debris, which have waste numbers restricted from land disposal per 268.35 (3rd third wastes), which also have treatment standards based upon incineration, mercury retorting, or vitrification? N/A ☒ Yes ___ No ___

NOTE: These wastes are not prohibited from land disposal until 05/08/92 (268.35).

4. For those restricted waste which are contaminated soil or debris, has land disposal of the wastes occurred? N/A ☒ Yes ___ No ___

5. Has the land disposal been into landfills or surface impoundments that are units compliant with 268.5(h)(2)? N/A ☒ Yes ___ No ___

¹ Waste is subject to a 2 year nationwide capacity variance (until 05/08/92) and will not be prohibited from land disposal, so long as waste disposal is in a surface impoundment or landfill, fulfilling the requirements of 268.5(h)(2).

² Waste will not be prohibited from land disposal until 11/08/90, so long as waste disposal is in a surface impoundment or landfill, fulfilling the requirements of 268.5(h)(2). See also 268.35(b)&(g).

³ Effective date for high zinc subcategory, nonwastewater K061 is 05/08/91.

⁴ Extension for lead acid batteries subcategory, nonwastewater D008 until 05/08/92, for lead materials stored prior to secondary smelting.

⁵ The following UIC wastes are subject to a national capacity variance until 05/08/92 unless California List prohibition applies: D002, D003 (cyanides, sulfides, explosives, reactives), D007, D009 (high & low mercury non-ww), F039 (ww), K011 (ww), K013 (ww), and K014.

⁶ The following UIC wastes are subject to a national capacity variance until 06/08/91 unless California List prohibition applies: F011, K009 (ww), K011 (non-ww), K013 (non-ww), and K016 (dilute).

LAND DISPOSAL RESTRICTION (LDR) CHECKLIST

TWC # 32051

FORM B - Restricted Waste Treatment, Disposal, and Analysis

NOTE: This form must be completed during all inspections where the facility treats, stores, or disposes of restricted hazardous wastes, or where the generator certifies that the waste(s) meet treatment standards.

SECTION I -- Facility Waste Identification & Testing (268.7).

1. Has the facility determined whether restricted wastes or treatment residuals exceeded the appropriate treatment standards based on the following:

A. Knowledge of Process?

N/A ☒ Yes ___ No ___

NOTE: It is appropriate for a handler to determine that his restricted waste exceeds treatment standards upon generation using knowledge of process so long as this information is documented.

B. Testing of Waste(s) (268.7(c)(2))?

N/A ☒ Yes ___ No ___

i. Did the facility test the waste(s) or residuals for all the hazardous constituents that are specified in the treatment standards?

N/A ☒ Yes ___ No ___

ii. Did the facility test the waste or treatment residual to determine if the concentration in the waste extract (CCWE) or the total concentration of a hazardous constituent (CCW) exceeded the treatment standard, as may apply to the particular waste?

N/A ☒ Yes ___ No ___

iii. Is the testing repeated at an adequate frequency or the frequency stated in the facility's waste analysis plan (WAP)?

N/A ☒ Yes ___ No ___

iv. For California List wastes, were the wastes determined to be liquid or non-liquid by the Paint Filter Liquids Test (PFLT)?

N/A ☒ Yes ___ No ___

v. Other methods of determination used?
If so, specify: _____

N/A ☒ Yes ___ No ___

If treatment standards specify a particular technology, did the facility utilize the correct method (268.42)?

N/A ☒ Yes ___ No ___

SECTION II -- Dilution Prohibitions for Restricted Wastes (268.3).

Did the facility dilute the restricted waste(s) or a treatment residual as a substitute for adequate treatment or to avoid the land disposal prohibitions?

N/A ☒ Yes ___ No ___

If the answer to 1 was yes:

A. Was the restricted waste or treatment residual a listed hazardous

waste and the dilution impermissible?

NA ☒ Yes ___ No ___

- B. Was the restricted waste or residual a characteristic hazardous waste which was treated by mixture with other wastewater discharged under the terms of an NPDES permit or UIC permitted injection well (268.1(c)(3), 268.3(b))?

N/A ☒ Yes ___ No ___

If the answer to 1.B was yes:

- i. Was treatment of the characteristic waste in a land-based unit?

N/A ☒ Yes ___ No ___

- ii. Was treatment of the characteristic waste by the specified treatment and did the waste meet the treatment standards prior to conveyance to a land-based unit?

N/A ☒ Yes ___ No ___

2. Has the facility intentionally mixed a restricted waste in order to evade a treatment standard (i.e., altered the waste in order to make another treatability group apply) (268.3(a))?

N/A ☒ Yes ___ No ___

=====

SECTION III -- Disposal of Restricted Waste(s) (268.30-268.35).

1. Prior to placement of waste in a land-based unit, or prior to disposal, did the waste meet all applicable treatment standards?

N/A ☒ Yes ___ No ___

2. If the waste or treatment residual is a listed hazardous waste, was it placed in a unit that meets all minimum technological requirements (MTR)?

N/A ☒ Yes ___ No ___

3. If the answer to either 1 or 2 was no, is the activity authorized by some exemption, a variance from the LDR requirements, a case-by-case extension, a variance that authorizes alternate treatment standards, or some other authorization?

N/A ☒ Yes ___ No ___

If yes, explain the authorized activity: _____

=====

Texas Water Commission

INTEROFFICE MEMORANDUM

TO : Files DATE: 02/04/91

THRU : Ernest W. Heyer, Chief, Program Services Unit,
Field Operations Division

FROM : Samuel Barrett, Environmental Quality Specialist,
District 4

SUBJECT: U. S. Printing Ink Corporation - Dallas, Texas
SW Registration No. 32051; EPA I.D. No. TXD000729111
RCRA Compliance Evaluation Inspection; Conducted 01/17/91

On January 17, 1991, the writer contacted John Forsyth, Technical Manager, U. S. Printing Ink Corporation, and Tom Smith, Traffic Manager, U. S. Printing Ink Corporation, and conducted a RCRA compliance evaluation inspection at the facility located at 12002 Corporate Drive, Dallas, Texas.

GENERAL FACILITY AND WASTE PROCESS INFORMATION

The referenced company manufactures oil-based printing inks for the newspaper industry. The company submitted a Part "A" Hazardous Waste Permit Application and operated a container storage facility (Facility No. 01) pursuant to the interim status requirements. A closure plan was submitted to the TWC, and the plan was approved on May 16, 1989. The container storage facility (Facility No. 01) was closed and the closure was certified by the owner/operator and an independent registered professional engineer. On December 7, 1990, the TWC transmitted to the referenced company correspondence stating that it appeared the container storage facility was closed in accordance with the approved closure plan. An affidavit of exclusion from hazardous waste permitting requirement, dated March 28, 1989, was submitted to the TWC.

The Part "A" Application indicated that ink wastes were hazardous because the wastes exhibited the characteristics of EP Toxicity for barium, chromium, and lead. According to Mr. Forsyth, the company no longer manufactures ink containing heavy metals (barium, chromium, lead, etc.) or generates any solid wastes containing heavy metals.

The following is a description of the wastes generated and the wastes disposition:

Waste No. 001 - Printing Ink Wastes is generated from cleaning ink mills and equipment with mineral seed oil (flash point =

U. S. Printing Ink Corporation -
Dallas, Texas
SW Registration No. 32051
Page 2
February 4, 1991

240°F). This waste is presently manifested to Gibraltar Chemical Resources, Inc., Winona, Texas, for fuel blending.

Waste No. 002 - Plant Refuse is disposed of in local sanitary landfills.

Waste No. 003 - Ink Paste is generated from filters and filter pumps utilized to filter inks. This waste is solidified and disposed of in local sanitary landfills.

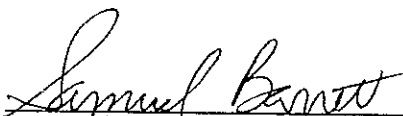
Waste No. 004 - Inks and Solvents are no longer generated at this site. According to Mr. Smith, the company does not use any ignitable or F-listed solvents in its present operations.

Waste No. 005 - Solvent Contaminated Solid Material was a one-time shipment of a 55-gallon drum of waste ink and solvent that an employee dumped rags and rocks into.


Based on a review of the facility's records and observations of the facility's manufacturing operations, it is the writer's opinion that the facility is presently a non-generator of hazardous waste.

SUMMARY OF ALLEGED VIOLATIONS

No significant violations of the Texas Hazardous and Solid Waste Regulations were alleged during this inspection.

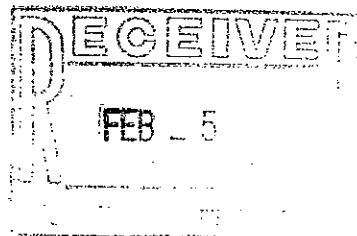


Samuel Barrett



Approved

SB:sb/jc





ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

+
TXD981905458

INSTALLATION ADDRESS

ACCOUSTICAL SCREENS IN COLOR
VANLANDINGHAM, W.
P.O. BOX 20838
DALLAS TX 75228

12118 CORPORATE DRIVE
DALLAS 75228



United States
Environmental Protection
Agency (WH-563)
Washington, DC 20460

Official Business
Penalty for Private Use
\$300

GRASP HERE
AND SNAP
APART

FIRMLY
HERE

TO: ACCOUSTICAL SCREENS IN COLOR
VANLANDINGHAM, W.
P.O. BOX 20838
DALLAS TX 75228

ACKNOWLEDGEMENT
OF NOTIFICATION
OF HAZARDOUS
WASTE ACTIVITY

NON-NOTIFIER

TWC # 33886

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved. OMB No. 2050-0028. Expires 9-30-88.
GSA No. 0246-EPA-OTUnited States Environmental Protection Agency
Washington, DC 20460

Notification of Hazardous Waste Activity

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

For Official Use Only

Comments

C

C

Installation's EPA ID Number

Approved

Date Received
(yr. mo. day)

C

F

TXD

98-190-5458

T/A C

1

113

DALLAS

I. Name of Installation

ACCOUSTICAL SCREENS IN COLOR

II. Installation Mailing Address

Street or P.O. Box

C

3

P.O. BOX 20838

City or Town

State

ZIP Code

C

4

DALLAS

TX

75228

III. Location of Installation

Street or Route Number

C

5

12118 CORPORATE DRIVE

City or Town

State

ZIP Code

C

6

DALLAS

TX

75228

IV. Installation Contact

Name and Title (last, first, and job title)

Phone Number (area code and number)

C

2

VANLANDINGHAM, W.

2142706471

V. Ownership

A. Name of Installation's Legal Owner

B. Type of Ownership (enter code)

C

R

UNKNOWN

P

VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☒ 1b. Less than 1,000 kg/mo.

C 303-8

B. Used Oil Fuel Activities

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐6. Off-Specification Used Oil Fuel
(enter 'X' and mark appropriate boxes below)☐ a. Generator Marketing to Burner☐ b. Other Marketer☐ c. Burner7. Specification Used Oil Fuel Marketer (or On site Burner)
Who First Claims the Oil Meets the Specification

VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)

☐ A. Utility Boiler☐ B. Industrial Boiler☐ C. Industrial Furnace

VIII. Mode of Transportation (transporters only — enter 'X' in the appropriate box(es))

☐☐☐☐☐☐☐☐☐

IX. First or Subsequent Notification

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

☒☐☐☐

C. Installation's EPA ID Number



ACKNOWLEDGEMENT OF NOTIFICATION
OF REGULATED WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

+ TXR0000009548 10/17/95

INSTALLATION ADDRESS

CRYSTAL CLEAN SOUTH
2740 VALLEYVIEW DR
SHREVEPORT, LA 711085209
CHARLIE STIENEKER OPRNS MGR

12750 PERIMETER SUITE 102
DALLAS, TX 75228

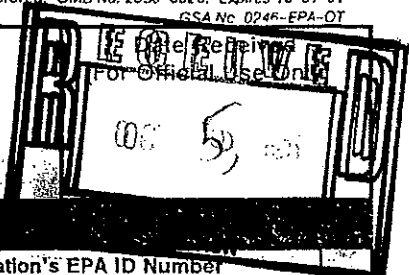
Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



EPA

Notification of Regulated Waste Activity

United States Environmental Protection Agency



I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☒

A. First Notification

☐

B. Subsequent Notification
(complete item C)

C. Installation's EPA ID Number

TX R000009548

II. Name of Installation (Include company and specific site name)

C r y s t a l C l e a n S o u t h

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

1 2 7 5 0 P e r i m e t e r , S u i t e 1 0 2

Street (continued)

City or Town

D a l l a s

State

T X

ZIP Code

7 5 2 2 8 -

County Code

County Name

0 5 7 D a l l a s

IV. Installation Mailing Address (See instructions)

Street or P.O. Box

2 7 4 0 V a l l e y v i e w D r i v e

City or Town

S h r e v e p o r t

State

L A

ZIP Code

7 1 1 0 8 - 5 2 0 9

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

S t i e n e k e r

(first)

C h a r l i e

Job Title

O p e r a t i o n s M g r .

Phone Number (area code and number)

3 1 8 - 6 8 3 - 4 3 1 5

VI. Installation Contact Address (See instructions)

A. Contact Address
Location Mailing

☐
☒

B. Street or P.O. Box

City or Town

State

ZIP Code

VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

S p e c i a l t y O i l C o . , I n c .

Street, P.O. Box, or Route Number

2 7 4 0 V a l l e y v i e w D r .

City or Town

State

ZIP Code

S h r e v e p o r t

L A

7 1 1 0 8 - 5 2 0 9

Phone Number (area code and number)

3 1 8 - 6 8 7 - 8 0 0 0

B. Land Type

P

C. Owner Type

P

D. Change of Owner

Indicator

Yes

No

X

(Date Changed)

Month

Day

Year

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity

1. Generator (See instructions)
- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
- ☐ b. 100 to 1000 kg/mo (220 - 2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☒ b. For commercial purposes
- Mode of Transportation
- ☐ 1. Air
- ☐ 2. Rail
- ☒ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify TRANSFER FACILITY
3. Treater, Storer, Disposer (at installation)
Note: A permit is required for this activity; see instructions.
4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Burner - indicate device(s) -
Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
5. Underground Injection Control

B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner - indicate device(s) -
Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☐ 2. Corrosive (D002) ☐ 3. Reactive (D003) ☐ 4. EP Toxic (D000) ☐ (List specific EPA hazardous waste number(s) for the EP Toxic contaminant(s))

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature

Charles F. Stieneker

Name and Official Title (type or print)

Charles F. Stieneker OPS, MGR.

Date Signed

10/2/95

XI. Comments

Box VII. Continued: Heritage Transport, Inc.

7901 W. Morris St.

Indianapolis, IN 46231

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)